

THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT



PROGRESS OF STATE REGISTRATION.

In several of the states where there have been bills before the legislature for state registration, there seems to have been a most willful misrepresentation of facts in regard to the reason for and the ultimate results of state registration. It really seems incredible that reputable medical journals should take the ground that it is intended ultimately that the nurse will supplant the physician or that in any way she will infringe upon the doctor's province. Cases have been cited of gross breeches of professional etiquette on the part of the type of woman whom the great nursing body deplore and condemn, as showing the results that are to be expected. It would seem hardly necessary to state the reasons for state registration but for the fact that through misrepresentation or ignorance, its object is being misunderstood by many medical journals and medical men. We contend that the more highly cultured the woman and the better trained the nurse, the more willingly she serves the doctor, never infringing upon his province in the treatment of the patient, and using her medical knowledge independently only in cases of extreme emergency and at such time and in such manner as she knows would meet his approval. It is the woman lacking in intellect and culture and thorough training, who is guilty of the disloyalty that the whole nursing body is being accused of.

In the beginning, state registration must recognize the woman in the field. This is the way the medical, legal, and all the registration laws have had to go into effect. Eventually state registration will be a stronger safeguard than we have had hitherto in giving assurance of a certain amount of preliminary education which carries with it intelligence and a reasonable experience in technical training.

The passage which is being quoted in a number of medical journals from one of Mrs. E. G. Fenwick's papers, in which she states: "To advance the higher evolution of the trained nurse, the domination of the doctor and the man must cease when he leaves the sick room," is being largely, it seems to us willfully, misconstrued. Mrs. Fenwick's meaning is perfectly clear to nurses; in the sick room, in the treatment and control of the patient, the doctor's authority is supreme and the nurse acts always as his subordinate in carrying out such instructions as he may choose to give, but in other matters nurses must be free to act for themselves and for such measures as are for the best good of the great nursing body as a whole. We want to be emphatically understood as disclaiming all responsibility for the type of nurse who presumes to in any way usurp the province of the doctor in the treatment of the patient. It is because of her that this movement has come about among nurses to create a means of distinction between the woman who is professionally grounded and ethical, and the one who is ignorant, professionally presumptuous, and disloyal.

While on the one hand, it is rather disheartening that some medical journals are taking this attitude in regard to nursing affairs, it has been particularly gratifying during the month to see that a number of other leading ones, have expressed themselves in favor of the progressive movements among nurses.

Perhaps it is not strange that this agitation in nursing affairs should come at this time when we realize the condition of unrest which pervades every class of work, in every grade of society, the world over. It only goes to prove the tremendous importance of nurses in their professional and economic relations to the people. There would seem to be an undercurrent of jealousy of the growing importance of nurses on the part of a certain element in the medical profession. We can see no other reason for the kind of opposition which is coming more and more into the light of day. It would seem that the deeply-rooted jealousies that are existing within the ranks of the medical profession are beginning to overflow their boundaries into nursing territory.

This whole backward movement seems to be a desire on the part of certain groups of medical men, who do not represent always the best element in medicine, any more than the women they complain of represent the best element in nursing, to belittle the work of the superintendents of training-schools and to degrade the position of nurses as a whole.

IOWA.—State Registration of Graduate Nurses will become a law in Iowa, July 4th, 1907. The text of the bill as passed by the Thirty-second

General Assembly will be found among the Official Reports. It will be noted that the law differs from that secured by nurses in other states in that the Iowa nurses were not able to secure an independent board of examiners. They are under the control of the state board of health, their examining board consisting of two members of the board of medical examiners and two nurses, together with the secretary of the state board of health, who acts as secretary to the board of nurse examiners, but has nothing to do with the examinations beyond actual clerical work.

The bill as passed bears little resemblance to the bill as introduced. In the original bill the nurses asked for a board consisting of only three nurses to be appointed by the Governor from names submitted by the State Association and in this they asked for the unattainable. Twice before has their bill been practically defeated because the State of Iowa will not create any new boards, so strong is the sentiment for centralizations along all lines. Even the boards of trustees of the various educational institutions have been abolished and the schools placed under a general board of control. All matters remotely medical are placed under the board of health, and only the fact that the dentists and the pharmacists had secured their independent boards years ago, makes them exceptions to this ruling of the General Assembly.

The legislative committee canvassed the situation very thoroughly throughout the House and Senate and became convinced that an independent board of examiners could never be secured in the State of Iowa, and further than this, they were assured that they would not be allowed to withdraw their bill because of their objection to this point, but that if they failed to compromise, a law would be passed placing nursing matters entirely under the control of the board of medical examiners. After consulting with the executive committee and getting the opinions of many of the hospital and training-school superintendents over the state, it was decided that the wisest move to make would be the introduction of a substitute bill and it is this second bill, altered by sundry committee and sub-committee prunings, that was finally passed by the legislature. It contains many points that are subject to criticism, but any body of nurses that has attempted to secure legislation will appreciate the fact that "we do not make the law," as they were told by one of the senators when they were struggling for the retention of at least a minority of the better points of the bill in a sub-committee meeting. If the law proves unsatisfactory to the public and to the nurses of Iowa, they must trust to future legislative committees to secure amendments. At least it will have had a fair trial before the next session of the Assembly. A glance at the bill will show that the nurses have no legal voice in the selection

of those who shall represent them on this board; this is another point they could not make, but the members of the board of health have consented to select the two nurses from names submitted by the State Association. At least there have been secured for the profession state recognition and protection, a uniform examination, and a three years course of training.

The membership in the State Association is increasing and the nurses in Iowa, generally, seem interested. At the convention to be held in Ottumwa, June 4th and 5th, the subject of incorporation will come up, and the first steps will be taken toward securing it.

EXAMINATIONS IN NEW YORK.—Since the full examinations began in New York, in June of last year, the board of examiners has realized that the questions presented have been too difficult for the graduates of many of the schools. We do not concede for a moment that they are more difficult than they should be. It is simply that certain schools have not brought their pupils up to the standard and that they must be given time in which to develop more careful teaching methods. It should be borne in mind that it is not the desire or intention of the board of examiners or, more broadly speaking, of state registration, to demoralize hospitals that are conscientiously endeavoring to train their nurses along proper lines. In New York the schools are greater in number and the standards more varied than in any other state.

In the next examination, which occurs at the end of June, a somewhat different plan is to be followed from that of the two preceding examinations. Fifteen questions on each subject have been prepared, from which the applicant may select without restriction ten questions. In the past, each examiner has sent her questions directly to the education department at Albany. In the future, these questions are all to be reviewed by the members of the board in conference. This will prevent duplication, and will have a tendency to simplify the questions as a whole.

Pupils who have failed in the previous examinations should come forward again for the June examination, and may do so by filing an application in the usual form with the education department, but will not be required to again pay the fee. Schools that are registered are expected to prepare their pupils for the state examinations and to see to it that they come forward for the test. There should be a freer criticism of the questions by those who are actively engaged in teaching and who are interested in the success of our registration laws. While the number of failures in our New York examinations have seemed excessive, we are assured that they are not of greater proportion than those which

occur in other professions having examinations conducted by the education department.

The superintendents should use in their schools the text books which are given in the Education Department Bulletin, 28, for the guidance of the schools in preparing their pupils.

It must also be borne in mind that all the questions have to do with nursing and not with the practice of medicine. It is from the nursing side that the subjects are to be dealt with, for instance, the nursing care of a surgical case should be given and not the medical treatment following an operation. The examiners are not asking for technical terms or for complex and deeply scientific reasons, but are endeavoring to bring out the simple practical nursing side of every subject presented.

In Minnesota, a bill for the state registration of nurses passed both houses of the legislature and was signed by the governor on April 15. Some amendments, which have not detracted greatly from its value, have made it necessary to delay the publication of the text of the bill in our pages until the June issue. The board of examiners is to be composed of four nurses and one physician, and the educational requirements are for a high school diploma and a three years hospital course.

The nurses in Minnesota are perfecting a scheme by which they will contract to take two issues of *The Courant*, a monthly magazine, the official organ of the Women's Federation of Clubs for Minnesota, North Dakota, Iowa, and Wisconsin. These two issues will belong to the nurses entirely and will largely consist of the reports of the two regular meetings, papers read, etc. They will have the right to publish any official news or make any announcements in the other issues.

SOUTH CAROLINA.—The graduate nurses of South Carolina are taking the first steps toward a state association and registration. A number of graduate nurses of Charleston met at Riverside Infirmary, March 1, to organize an association. A constitution and by-laws were adopted and the following officers were elected: president, Miss Marion Utes, superintendent of nurses, Roper Hospital; first vice-president, Miss Katherine C. Magrath; second vice-president, Miss Belle O'Bryan; secretary and treasurer, Miss May Hart.

MICHIGAN.—The Michigan Bill for State Registration was introduced in the House on January 22d by Representative Lord, of Detroit, and was then referred to the committee on public health.

On February 12th a substitute bill was introduced by Dr. Kelly, in

which the administration of the law was to be placed under the control of the Michigan State Medical Board. This substitute was drafted by one of the officers of the state board of medical registration, and seems to have the support of a large number of the medical men of the state. This is a disappointment to the nurses, who had felt all along that their bill was receiving the unqualified support of medical men throughout the state.

The nurses feel that the medical men have allowed their judgment to be obscured by the comments of the medical press on the registration question, and have not as yet a clear idea of what the registration of nurses really means. They do not see it from the nurses' point of view.

The outcome is uncertain, as there is every reason to believe that the nurses' bill will be unfavorably reported back from the committee on public health; yet their supporters in the legislature are still holding out hope of its becoming a law. The Michigan nurses feel that it is better to have *no* bill than one not *their own*.

COLORADO.—The first biennial report of the Colorado State Board of Nurse Examiners gives the following information: After the establishment of the board in 1905, a set of application blanks, with a copy of the law, was furnished every available nurse in the state. A notice, calling attention to the "Act Relating to Professional Nursing" and giving the name and address of the secretary of the board, was printed in the press throughout the state.

The subjects for examination are: Anatomy; physiology; hygiene; general medical nursing; surgery, including diseases of women; obstetrics (including infant feeding), or genito-urinary diseases; materia medica; and dietetics. In addition to the above the ninth subject is selected by the applicant from the following: hydrotherapy and massage, nursing of contagious diseases, care of the nervous or insane, and bacteriology.

The examinations, both theoretical and practical, were conducted and rated in accordance with civil service methods. All the nurses who have taken these examinations for registration have passed satisfactorily.

The Colorado bill has been amended, and the amendments were confirmed by the governor on April 8th. The amendments extend the term of the waiver under which nurses may be registered without examination, and seem to be for the simplification of the administration of the statute, without in any way detracting from its value. We shall give the bill as amended in a later issue.

WEST VIRGINIA.—The governor of West Virginia pronounced the bill for state registration of nurses, as passed by the two houses of legislature, as unconstitutional. It seems that in West Virginia, as in Ohio and Louisiana, only citizens who are voters can hold office under the state. The bill was returned to the legislature and so amended that the board of examiners will be composed of physicians instead of nurses.

MASSACHUSETTS.—At the meeting of the Massachusetts State Nurses Association, held at New Bedford, March 20th, it was voted to make *THE AMERICAN JOURNAL OF NURSING* the official organ of the society.

JUNE REPORTS.

In the next number of the *JOURNAL* we are very anxious to wind up the official reports of societies for the season, that there may be nothing held over until fall. The July issue will be reserved for the report of the American Society of Superintendents of Training-schools for Nurses, and the August number will be used exclusively for the proceedings of the Nurses' Associated Alumnae at Richmond. It is our desire to give no space in either of these numbers to any of the usual reports or items. In order to carry out these plans we must have prompt returns from all organizations wishing to report in June, and this especially applies to the state societies that have not made their reports from month to month. All material which is to appear before fall should be in our hands by May tenth.

We take this occasion to call the attention of our contributors to the fact that the solid articles for the *JOURNAL* must always be sent to us before the first of the month preceding the date of issue; that reports of any length should be in the hands of the editor-in-chief before the twelfth of the month; and that between that date and the eighteenth we like to receive only brief reports and personals. The final copy is sent to the printer on the evening of the eighteenth of the month. It happens frequently that the most important announcements come to us after the *JOURNAL* has gone to press. Reports that might have been prepared a week, or even a month, earlier will not reach us until the number is practically made up. We have too frequently delayed the publication of the *JOURNAL* rather than postpone announcements that are of vital importance to the nursing profession. With Miss DeWitt's coming to Rochester, the editor hopes to be able to get the *JOURNAL* out more promptly and with fewer errors. She wants to say, however, to the great

body of women who are interested in the JOURNAL's welfare, that year by year as it has grown and developed she has taken up the increasing burden of the detail work and has carried it practically alone until the present time. This work has outgrown the capacity of any one person to handle. For this reason there have been omissions and errors, perhaps unimportant, but humiliating to those responsible for the magazine's appearance in the journalistic world.

The great value of our own JOURNAL lies in its providing a medium for the exchange and expression of opinions between nurses and a record of the progress of nursing. While the literary side is, in a measure, secondary, we have been proud of the development of that feature and shall continue to give careful attention to it.

THE DUTY OF THE REGISTERED NURSE.

There have been many nurses registered in the state of New York who are not members of the State Association or of any nursing organization. These women should identify themselves either with a local association which is affiliated with a state society or should, in case there is no local association, join individually the New York State Nurses' Association, making application to the secretary, Miss Frida Hartmann, 82 East Eighty-first Street, New York City.

Every man and woman who is now enrolled as a registered nurse in the state of New York, and in all states where registration is enforced, should lend the force of their membership and influence in sustaining and developing state registration. This can only be accomplished by membership in the state societies and it is an obligation which registration confers upon the individual.

NURSING IN MISSION STATIONS.

We propose to publish, as rapidly as material can be obtained, sketches of nursing work in mission stations. We should be glad to receive for this purpose, from all nursing schools, the names and addresses of their representatives in foreign lands, and if the missionary nurses who take the JOURNAL will send accounts of their work without waiting for a direct request, the delay in obtaining such information will be lessened by several months.

For many years there was no demand for nurses on the foreign mission field, as the station funds did not permit such luxuries. The woman physician who was at the head of a hospital had to do the nursing,

aided by native women. Many of these doctors had had a course in nursing before studying medicine and so were well equipped for such double duty. But as the appreciation of the services of the foreign doctor's work increased among the natives, the demands on his (or her) time have become greater. A better source of income for medical missions is being obtained both at home and abroad and foreign hospitals are better equipped. With these increased demands and better equipment the trained nurse has become a necessity and there are now representatives of our profession scattered all over the globe. These nurses as a rule start training-schools among the native women as soon as such action is practicable or possible.

Doctor Eleanor Chesnut, who lost her life as a martyr at the far inland station of Lien Chow, in China, had been training native women as doctors and she was encouraged to start a class in nursing also. At the time of her death she had two student nurses, one of whom was so ignorant that she could not read, and was learning the Chinese characters from the labels on the jars in the dispensary. In spite of such odds, Doctor Chesnut was translating Mrs. Robb's text book on nursing into Chinese for her students' use. We have not heard whether this work is yet completed, though a woman physician in Canton intended to go on with it.

There is, we believe, a well-established training-school for nurses in Canton in connection with the woman's hospital and medical school. Such work must be extremely interesting from a scientific and humanitarian point of view as well as from the religious standpoint. The details of the nursing of such patients, the way in which our methods must be modified to suit other peoples, and the new expedients suggested by necessity will be of greater value to the JOURNAL and to its missionary readers than mere statistics of such schools.

The requests for broader knowledge of this work have become demands during the past year and we shall not be content with anything less than a thorough survey of the whole field. For this we shall need the coöperation of our missionary nurses.

We begin this series with a sketch of the Mary Taber Shell Memorial Hospital in India.

THE SUPERINTENDENTS' MEETING IN PHILADELPHIA

It seems hardly possible that it can be thirteen years since the organization of the American Society of Superintendents of Training-schools in Chicago, and yet when we consider conditions as they were at

that time, and the progress that has been made mainly through the leadership of that society, the time is short for the accomplishment of so much. At that time the members of the teaching body were strangers to each other; today there is hardly a woman who counts for much who is not enrolled in this society and who is not known both as a woman and also by her work to all of the other members. It is through this annual conference that the idea of uniformity in teaching methods and state registration have been developed. At these conferences every advanced step has been first presented and every problem of the training-school discussed. No woman entitled to membership, who is a teacher of nurses can afford to remain outside, or should miss attending this thirteenth convention who can possibly be present—for never has there been a time when the teaching body more needed the wisdom of many minds than at the present.

THE MEETING AT RICHMOND.

The programme for the meetings of the Associated Alumnae at Richmond will be found among the official reports and it promises a most enjoyable and interesting treat for the nurses able to attend. The papers and discussion on state work, conducted by Miss Sly, will be of great importance to workers in state associations. The question box, in charge of Miss McIsaac, will doubtless bring out much of the practical side of nursing. Among the papers to be read is one on Alma-house Nursing, a new and important subject, which will be presented by the Reverend Caroline Bartlett Crane, whom the Michigan nurses have secured to present the subject to us.

The all-day excursion to Norfolk at the close of the days devoted to the regular work of the convention will be a restful and delightful conclusion to the gathering.

The Jamestown Exposition will prove an attraction to many at this time, and careful heed should be given to the instructions in regard to tickets, time limits, stop-overs, etc., that none be disappointed.

To women living in the eastern states, the boats running from Boston and New York to Norfolk offer a means of transportation combined with a delightful outing. The trip from Boston occupies nearly two days and nights, the steamer being out of sight of land for a day. To be in the midst of real sea breezes for so long a time, both before and after the rather strenuous days of our annual gathering, should offer a temptation to many to choose this mode of travel. The trip by land, though it may not be as restful, will lead through beautiful country in the garb of spring.

One of the very interesting features of this Richmond meeting is that the nurses are to be entertained by the nurses of the Old Dominion and not by those of Richmond alone. All the nurses of the different towns and cities throughout Virginia are contributing toward the entertainment, each regretting that her particular city is not to be the headquarters. Richmond being the largest city with the largest membership, takes the lead, but Norfolk is a close second and throughout the State the coöperation is most cordial and enthusiastic. This changes the character of the entertainment a little, and for the first time the national organization is to receive the hospitality of a whole state. In the department of Letters to the Editor will be found a communication from a group of nurses who offer special attention to the visiting members.

CORRECTIONS

Our April number contains a number of errors which we have been asked to explain and correct.

In Sister Amy's article on Artificial Feeding of Infants, page 525, the last paragraph should read, at the beginning: "The bottle must be held during the entire feeding." At the end of the same paragraph, read: "Bottles are washed in soap and water, nipples in running cold water, turned inside out, and boiled p. r. n."

In Dr. Goffe's paper on The Woman's Hospital, page 515, under Requirements for Admission, the paragraph reading, "A course of lectures is given by the principal of the training-school and her head nurses," should read, "A course of lectures is given by the attending physicians and surgeons, and classes and demonstrations are conducted by the principal of the training-school and her head nurses."

In Editorial Comment, page 509, under the heading The Shortage in Probationers, in the first line of the last paragraph, "with the return to the three years" should read "with the return to the two years."

These errors were all in the original manuscripts and the JOURNAL office was responsible only for the last.

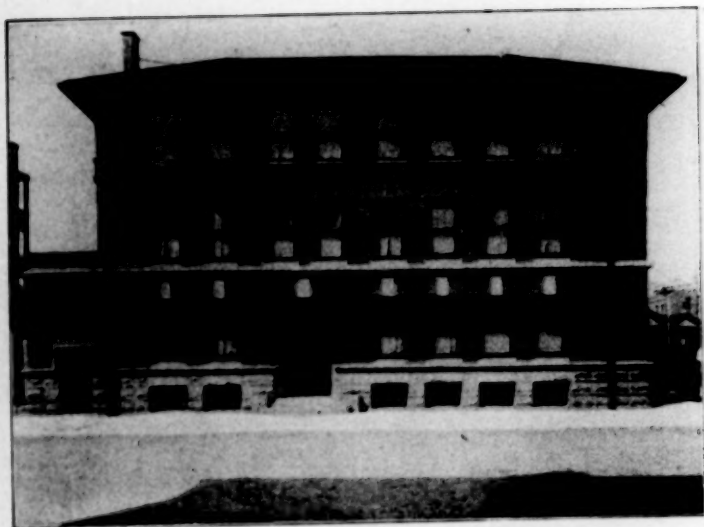
THE TECHNIQUE OF THE CHICAGO LYING-IN HOSPITAL AND DISPENSARY

By JOSEPH B. DE LEE, A.M., M.D., Chicago.

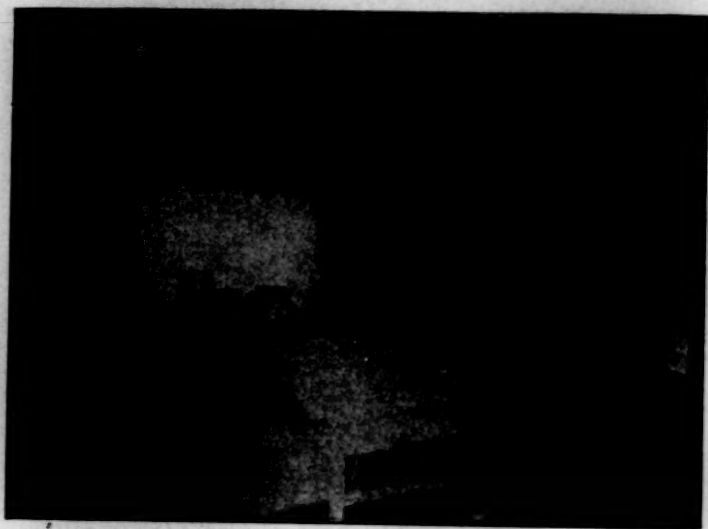
THIS institution has two departments, one in-door, the hospital, and one out-door, the dispensaries. Of the latter there are two, each located in a densely populated section of the city. The methods employed in these dispensaries are identical. The larger and older one, located on Maxwell Street, was designed and built especially for this work, and is, in the writer's knowledge, the only building of its kind, a completely detached structure, built for and devoted to the care of women during confinement at their own homes.

The building has living apartments for five internes, seven students, five nurses and necessary servants. There are three examining rooms for patients, one large waiting room, offices for the reception of calls to cases, and sterilizing rooms for supplies. The institution is in the immediate charge of a trained nurse who has one assistant, also a graduate nurse. These positions are salaried and permanent. The nurse in charge of the Maxwell dispensary stands next in authority to the Superintendent of Nurses, who lives in the hospital and is in charge of the nursing system of the whole institution. Three or four nurses in training also live at the dispensary. These nurses come from the general hospitals of the city and are either post-graduates, or in the last year of their regular training. The service in the institution is three months, one month of which is spent in the out-department, and two months at the hospital. These nurses attend labor cases and do visiting nurses' work in the homes of the patients.

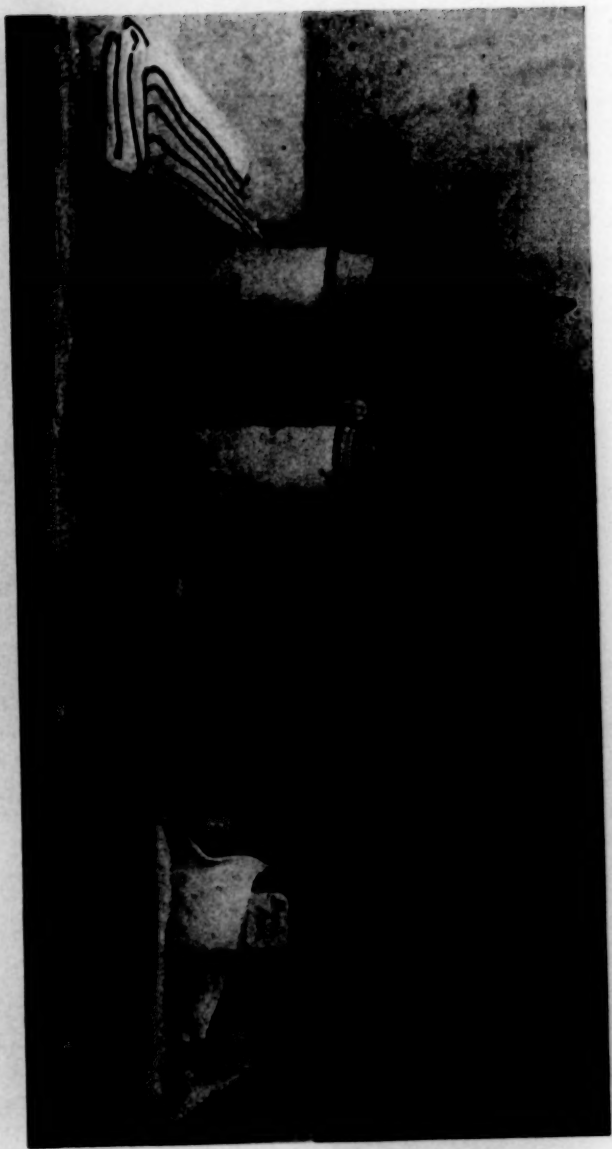
The *internes* are selected by competitive examination and appointment, are licensed graduates in regular medicine, live at the dispensary, devoting all their time to the work. Their service is six months and a small salary is paid in addition to board, lodging and laundry during the latter half of the term. The interne who has been longest in the service is "chief of internes" and has special duties, as follows: He must know the condition of every mother and babe under treatment; he is to lecture weekly to students and nurses on obstetric subjects; he sees that the history sheets and reports are properly filled out; he is sent to examine and assist at pathological cases arising under the care of other internes; he is attending interne at the hospital; he is next in authority at the dispensary to the nurse in charge.



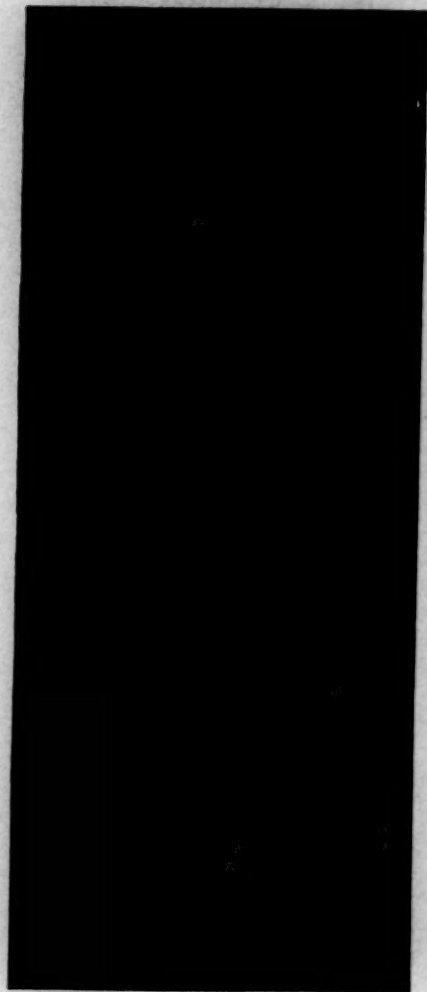
The Maxwell Street Dispensary.



The Examining Room.



The visiting nurse's matchet and its contents.



Doctor's Labor Bag and Contents.

The students come from all the medical schools of the city, and a few from out of town. This service is two weeks, for which the student pays \$15. These two weeks are spent in residence at the dispensary, and the student devotes his entire time to the work. This service forms part of the senior course in Obstetrics at the Northwestern University Medical School. Sixty additional students are taught annually coming from other medical schools. At the present rate of growth of the institution, a few years will enable us to teach twice the present number of students.

The dispensary is open night and day, including Sunday. A medical clerk has charge at night.

Briefly, the plan of conduct of the out-department is as follows: The women apply at the dispensary at any time and are enrolled in a large "application book" and given a serial number. An "application card" with corresponding number is issued, with instructions to call the dispensary by 'phone or messenger when labor begins. Owing to the constant rush of work of the staff it has been impossible to make pregnancy examinations on all these applicants, but all cases whose history gives rise to a suspicion of trouble are referred to the writer's clinic soon to be described, and the nurse issuing the card inquires into the patient's general health and gives her short general hygienic rules and advice.

When the woman gets into labor she sends word to the dispensary. The officer receiving the call enters it on a special "call card," stamping it with the electric time stamp. One interne, one student, and one nurse are summoned from their rooms to the office, where a satchel containing everything needful for a labor case awaits them. When they leave the building the time is recorded on the card with the stamp. While most of the cases live around the dispensary, the patient may reside ten miles away, and it is these distances that render the work laborious and costly. The actual technique followed in the labor case will be described in full later.

On the return of the three from the case the "call card" is stamped again with the time stamp and the diagnosis of the case entered upon it. On the next day the patient is visited by the interne, student and nurse, the mother and babe cared for, and their condition entered on the history sheet. During the night the clerk collects all these history sheets and copies, as his "night report," the important points on a special blank, for the inspection of the nurse in charge and the internes the following morning. This night report is also stamped and signed by the attending obstetrician during his visit.

As many as eight cases of labor have been in progress at one time in various parts of the city, and the daily list of post-partum calls has often reached fifty. When any pathologic condition arises in any of the parturients or puerperæ the fact is telephoned at once to the medical director, who, in cases of great gravity will attend in person, or will designate the assistant to whose service the case is assigned. The puerperæ are visited daily for nine days, and oftener or longer if necessary. At the end of this period the discharge and history sheets are filled out describing her daily condition, and the whole record is copied onto a clean white blank for permanent filing and binding. These bound records are at the service of the medical profession.

THE WEDNESDAY AND SATURDAY CLINIC

Twice a week, from two to six P.M., the writer holds clinic at the dispensary. From twenty to forty-five patients are examined on each of these days. The objects of this clinic are: The diagnosis of early pregnancy; examination of pregnant women referred when they seek application cards for home treatment; pelvic mensuration of cases of contracted pelvis; ambulatory treatment of the disorders and diseases incident to pregnancy, especially toxemia or threatened renal insufficiency; treatment of cases of post-puerperal disease and the results of parturition; treatment of diseases of infants during the first weeks of life; gynecologic diagnosis and treatment. This clinic cares for the cases that are really obstetric, yet not actual deliveries, and it is a most important part of the work. The internes and students assist the writer at this clinic and thus their service is rounded out and completed, for there is much more to the obstetric science and art than the delivery of a child.

THE STUDENTS' COURSE

This is of two weeks' duration and is spent in residence at the dispensary. A student who has recently been doing infectious work is not allowed to enter the service. Each student provides himself with a supply of rubber gloves which are used on all cases and in ante- and post-partum examinations and dressings. During the first week he acts as spectator and assistant at the labor cases, and makes post-partum visits with the internes and nurses. During the second week he is allowed to deliver one or more multiparæ and is occasionally sent alone to make post-partum visits. *All deliveries are attended by the internes, no student being allowed the serious responsibility.* The value of this plan to the student is that he learns an approved and successfully tested

technique, and does not accumulate a lot of half-baked ideas from an illy observed individual practice. The value to the patient need not be mentioned, and finally, it is illegal for a student to practice obstetrics, and an institution permitting such practice is open to prosecution.

Most important of all, such ideal practise teaches the student the high dignity of the obstetric art. If a raw student is entrusted with the heavy responsibilities of an obstetric case, not only will he learn nothing of value, but he will acquire a low opinion of his work, one that will place it on a par with that of the midwives. In the writer's opinion, allowing such practice by medical students has done more to retard the improvement of the art of obstetrics than any other single factor.

During his two weeks' service the student assists at such operations as fall to his portion of the cases, and he is present at the clinics on Wednesday and Saturday in the dispensary. Certain labor cases occurring at the hospital are also used for clinical instruction, as also are cases occurring in the service of the writer in the other hospitals with which he is connected. The internes lecture in the dispensary and occasionally the medical director or one of the assistant obstetricians will hold a colloquium. As much obstetrics is crowded into the two weeks as a student can possibly assimilate, and during this time he will have attended six to eleven confinements and made sixty to one hundred and twenty post-partum visits.

THE ADMINISTRATION

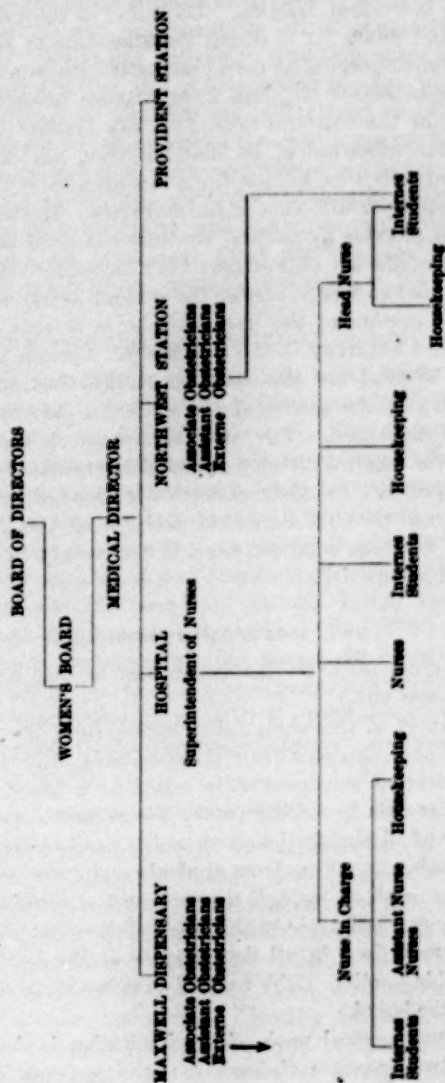
The government of the institution may be read from the following plan. (See page 604.)

The support of the whole fabric comes from the public by annual subscriptions and donations from the charitably inclined. The financial and administrative management is vested in a board of directors. A board of ladies aids in raising money for current expenses and attends to the details of administration, such as the purchase of supplies, repairs, household needs, etc. Fees from students and from pay patients at the hospital bring in about one-half the total cost of running the institution.

The only demand made by the board of directors on the medical staff is that the work done in all departments of the institution be of the highest possible quality. The medical director is an advisory at all the meetings of the board.

The actual medical work of the institution is done by the writer, assisted by two associate obstetricians, two assistant obstetricians and two externe obstetricians. Then come the five internes, assisted by the seven students.

PLAN OF GOVERNMENT OF THE CHICAGO LYING-IN HOSPITAL AND DISPENSARY.



CARE DURING PREGNANCY

It is impossible, for financial reasons, to give all the pregnant women all the care that women in such condition should get. There are on the books about three hundred and fifty waiting cases all the time. Examinations of the urine are made only in suspected cases, and in women who have had urinary trouble in previous pregnancies.

Owing to the immense amount of post-partum work required of the internes and students it is impossible to make routine pelvic mensuration in all cases, but the nurse issuing the application-card to the patient makes regular inquiries into the history of her previous labors, and, in cases of primiparae, refers small or deformed women to the Wednesday and Saturday clinic of the writer. Thus far very few cases of contracted pelvis have escaped detection. The women, however, will not follow the advice we give, with the purpose to avoid complications at labor, preferring to take their chances at term than to allow us to induce labor before it.

Latterly, the applicants have been supplied with a printed set of rules, reproduced herewith. The results cannot yet be determined, but they should be good.

In some of the cases a pregnancy-blank is filled out, and the writer hopes that the means of the institution will ultimately allow such a blank to be filled out in all pregnancy cases.

At present the patients are instructed in the fundamental rules of the hygiene of pregnancy by the nurse issuing the application card, and referred to the clinic for further attentions.

LIST OF CONTENTS OF LABOR-BAG

Centre of Bag

- 2 granite pans, about 1 quart size.
- 1 granite pan, about 1 pint size.
- 2 clean towels.
- 1 pair clean leggings.
- 1 jar cotton pledgets.
- 1 jar pads with 1 cord dressing.
- 1 douche-can, with tube and point, sterile.
- 2 sterile hand-brushes.
- 1 tin sterile green soap.
- 1 tracheal catheter.
- 1 pelvimeter.
- 1 labor record, child's record, and birth-return.

- 1 fresh newspaper.
- 1 box rubber gloves.

End Pockets

- 1 scissors.
- 1 artery-forceps.
- 1 baby-scale.
- 1 steel measuring-tape.
- 1 bottle sterilized linen bobbin for tying cord.
- 1 bottle one per cent. silver nitrate solution, with dropper.
- 1 bottle boric acid solution.
- 1 bottle lysol.
- 1 bottle bichloride tablets.
- 1 bottle extract ergotæ fluid.

On arriving in the house the interne first acquaints himself with the general condition of the patient and the probable rapidity of the labor. If labor is just beginning, he orders an enema given, and after it has acted he prepares the woman, or if the nurse is present, she does this. The pubic hair is closely clipped and then the patient is washed with soap and water from the ensiform to the knees, and after this with 1 to 1,500 bichloride.

The antiseptic solution is used liberally all over the parts, especially the vulva, but no douche is given.

The bed is dressed with the cleanest linen the house affords, and the patient dons a clean night-gown and wrapper.

Newspapers, clean, and, if possible, fresh from the press, are used under the patient. If there is a supply of towels or sheets, these are placed over the newspapers, but we have found the papers a very useful and satisfactory substitute. A bundle of newspapers is baked in the oven when the opportunity is given to thus sterilize them.

The room is cleared of all unnecessary furniture, bedding, chicken-coops, domestic animals, and litter of all sorts. A side-table or bureau and two wooden chairs are retained. The satchel remains on the kitchen-table, and its contents are spread on the clean newspaper mentioned in the list. Before handling anything in the satchel, both student and interne wash the "street dirt" off their hands. The bureau and chairs on which rest the basins with solutions, cotton-jars, etc., are covered with newspapers, for the double object of keeping these clean and to avoid injuring the furniture of these indigent people. In the absence of a bureau or side-table, two chairs with the ironing-board or a table-board across them answer the purpose admirably.

After the patient is thus prepared, the interne begins the labor

record and having obtained the general information required, proceeds to the external examination. There is a certain method in the performance of this examination, as indicated by the order of the points on the labor record, and the interne must follow this order and teach it to the student and nurse. It is fundamental to the technique of the whole system employed in the dispensary and hospital, and also in the writer's own practice.

In the abdominal examination the interne determines, and demonstrates to the student and nurse, the presentation and position of the child, the nature of abnormalities, the heart tones of the fœtus, and the strength and action of the pains. The size of the child is estimated and noted, then the pelvis is measured, and the general relations of the one to the other are compared and discussed. Now the parturient is prepared for the internal examination.

Near the bed are placed two pans with solutions, one with one-per-cent. lysol, the other with 1-1500 bichloride of mercury. The patient is brought near the edge of the bed, the covering drawn down, and, if there is such in the house, a clean sheet is used to cover the patient. In the absence of a sheet, a clean newspaper or a towel is used. The rules for washing the hands are rigidly observed by both interne and student, and are repeated before each and every examination. The rubber gloves are boiled in plain water for ten minutes and drawn on, wet, after the hands have been sterilized. This is not the writer's method of using gloves, but is necessary in the dispensary practice. We have not facilities to furnish dry sterile gloves. The dry glove, drawn on over the sterile hand, dried and powdered, is, in the writer's opinion, the ideal method. It is practicable only in hospitals and private practice.

In making the internal examination, the points of information are obtained in the order given on the labor record, the reasons for this being for asepsis and system, which avoid the possibility of overlooking important features. The student is now allowed to make an internal examination, under the guidance of the interne, who coaches him and tells him how to find all the structures, etc. The importance of the internal examination is impressed on the student, and he is shown how it is possible to conduct a labor without frequent vaginal exploration.

The progress of the labor is carefully observed by the interne and student. Frequent *external* examinations are made, and the fetal heart tones counted at least every hour. The interne describes the mechanism of labor to the student and nurse as the phenomena of the function unfold before their eyes, and the labor is discussed from all points of view. These colloquia at the cases are of utmost value to student and nurse,

and pass the otherwise profitless time of "watchful expectancy" in a most interesting and profitable manner.

A blank is filled out and sent to the dispensary. These blanks keep the office informed of the condition of all women in labor. A blank is also filled out and sent or telephoned to the dispensary *immediately* on the discovery of any abnormality in the labor.

No internal examinations are now made unless there is some indication, like delayed labor or abnormality in the presentation or position, until the second stage begins. After the membranes rupture, an examination is always made, to determine the degree of dilatation and a possible prolapse of the cord.

The interne, the nurse, and the student stay with the parturient, unless the labor is very slow, in which case the interne returns to the dispensary for a few hours. *No case is left entirely in charge of the student; all deliveries are attended by the internes.* This necessitates the employment of five internes, and is expensive, but it is the only legal and just way of doing obstetrical work.

As the second stage draws nigh, the bed and room are prepared for the delivery. Fresh newspapers replace the soiled ones under the patient, fresh antiseptic solutions are made up, the scissors, artery-forceps, and tape are laid in the lysol solution, and all arranged, with a jar of cotton pledgets, on the side-table as before described. The interne's gloves are reboiled for the delivery. The leggings are put on the patient and she is brought to the edge of the bed, on her side, toward the best light. All patients are delivered on the side, as this is more cleanly, easier to manage in the low beds which sink deeply in the middle, and perineal lacerations are more easily prevented and detected.

During the second stage the vulva and surrounding area are liberally sponged with both lysol and bichloride solutions. The practice of the institution is antiseptic. We attain asepsis by antisepsis, and the writer ascribes the freedom of our patients from puerperal infection to the use of rubber gloves and the antiseptic treatment of the external genitals. In over eight thousand consecutive cases of labor, only one puerpera has died of infection, and fever cases are rare. These results were obtained in the most unfavorable surroundings, amid filth, and often infection. The principle of the "limitation of the field of asepsis" is practiced rigorously. By this is meant that the smallest number of hands, of aseptic basins, of towels, of instruments, enter into the conduct of a case, and that only the vulva and the area *immediately adjoining* are considered aseptic, and both are frequently drenched with antiseptic solution.

The writer believes that most large operating-rooms err in this regard. Too many basins, too many instruments, too many towels, too many hands (assistants and nurses), too many tables, enter into the *sterile* field of work. The number of articles to be sterilized is so large that the chances of infection are magnified. The principle of the bacteriological laboratory should prevail in the operating-room: the absolute sterility of the few articles that come in direct contact with the wound. While all things else are sterilized, they should not come in contact with the wound.

In the dispensary service, instruments for operative delivery are sent to a case only after the interne has decided that intervention is necessary, and thus the percentage of operative deliveries is small—not over four per cent.

The second stage of labor not seldom lasts three or four hours, and only a few times has a child been lost as the result of this waiting policy. The internes are instructed to watch both mother and fetus carefully throughout labor, and report at once to the director if either seems to be in immediate or prospective danger.

The principles for protection of perineum are:

1. Deliver on the side.
2. Retard descent till the elasticity of the perineum is fully developed.
3. Deliver the head in forced flexion, but don't press on the head through the perineum. All pressure is applied to the head directly.
4. Deliver between pains.

The anus is kept in sight throughout, not covered with a pad; and any escaping feces or mucus is promptly sponged away with cotton soaked in one-per-cent. lysol.

After the head is delivered, the parturient is turned on her back for the delivery of the trunk. The student is now given the control of the uterus, with instructions not to massage it, but simply to note its consistency and action.

When three or four minutes have elapsed, or when the pulsation in the cord near the vulva begins to weaken, it is tied and cut about one-fourth inch from the skin. The child is wrapped in a warm diaper and blanket and placed near the stove.

The interne demonstrates the physiology of the third stage to the student and nurse. Both watch this part of the labor, noting the occurrences and abnormalities on the history-sheet. We teach that the third stage is as important as the two others combined. More women die in the third stage.

The treatment of the placental stage by the dispensary is not the active Credé, nor yet the passive expectancy of Ahlfeld. Experiments by the writer in this practice have shown that neither course meets the conditions. A "modified expectant plan" is employed, and the results are good, as we have never lost a case from post-partum hemorrhage, and the number of placenta removals is very small—less than half of one per cent.—and the number of severe hemorrhages is also small. Disturbances in the puerperium due to errors in conduct of the third stage have seldom been noted.

In brief, this is the method of conducting the third stage: As the trunk of the child is passing the vulva the assistant's hand follows down the receding uterine tumor; if the uterus does not contract well, this hand gives it a gentle, evenly distributed massage. As soon as the uterus contracts, the hand is allowed only to rest smoothly on the fundus, to give information of its action. If there is no external hemorrhage, if the uterus remains firm, retracted, does not balloon out with blood, nothing is done. Note is made of the advent of after-pains, uterine contractions, and their effect on the size of the uterus, the hemorrhage, the separation of the placenta, and also of their frequency. Unless there is some indication to interfere, thirty minutes are allowed to elapse before trying to express the placenta. If the signs of separation of the placenta and its extrusion into the lower uterine segment are positively present, the interne is allowed to express the placenta a few minutes before this time. These signs are, the advancement of the cord, the rising of the uterus upward toward the liver, the change in shape of the uterus, from globular to a flattened ovoid, with a sharp fundus, and the presence of a soft boggy mass above the pubis. The change in the tension of the blood in the cord is also noted. When the interne believes the placenta is loosened and lying in the upper vagina and cervix, he asks the woman to bear down, which failing to bring the placenta, he practices "early expression." He waits for an after-pain, brings the uterus to the middle line, having made sure that the bladder is empty; then using the contracted uterus as he would a ball, he presses the placenta out of the vagina with gentle, steady pressure. If the operation is unsuccessful, he has made a mistake in the diagnosis, and waits twenty minutes before making another attempt. If the second attempt fails, then a Credé expression is tried. In this maneuver the uterus is grasped in the whole hand, and, pressing down as in "early expression," the fingers and thumb are squeezed together, forcing the placenta out "like the pit from a cherry." It is rare that a second Credé is needed. In such cases the third stage is abnormal.

If hemorrhage, either external or internal, occurs, the labor is regarded pathologic, and the above method is altered. The uterus is massaged briskly till firm contractions are produced, and if the bleeding continues, the uterus is emptied, by Credé, or, if absolutely necessary, by hand. As was said, such cases are rare.

The membranes are not twisted into a rope, the writer believing that this cuts off the tender chorion, but are *slowly* drawn from the uterus by gentle traction. Sometimes five minutes are consumed in extracting the membranes. Pieces of retained membrane are not removed, unless they give rise to hemorrhage. If a piece of placenta is missing, it is always removed then and there. The antiseptic precautions for such removal, and indeed on all occasions when the uterus is entered, are redoubled. After the delivery of the placenta, with few exceptions, a dram of ergot is administered.

The perineum is now cleansed with an antiseptic solution and inspected very carefully for injuries. Tears deeper than half an inch are sowed up, and the event is made a regular operation.

A roller-towel is improvised for an abdominal binder, a sterile pad is laid over the vulva, the bed is dressed with a clean sheet, and the patient is given a hot drink.

The infant is not bathed, as the facilities for an aseptic bath are never at hand, and also because bathing chills it too much. It is laid on a pillow on a table, near the stove, and oiled all over with warm olive-oil. This is wiped off with a clean towel, then the cord is washed with one-per-cent. lysol and dressed with dry sterile gauze pledgets. No powders are used. The eyes are carefully treated from the moment the face is born. First, the face, forehead, and eyelids are wiped clean with cotton pledgets wrung dry out of one-per-cent. lysol solution; then the lids are flushed with boric acid solution from the bottle; then after the child is dressed, a drop of one-per-cent. nitrate of silver solution is put in each eye, followed by salt solution. Great care is exercised to keep all foreign matter out of the eyes, in delivery and in dressing infant. An infected eye does not occur once a year, that is, in twelve hundred cases.

Before leaving the house, the interne must see to it that the following points are noted:

1. That the uterus is firmly contracted and in normal position;
2. That there is no hemorrhage, either internal or external;
3. That the placenta is positively complete;
4. That all perineal tears are attended to;
5. That there is no hemorrhage from the infant's cord;
6. That both mother and babe are in good condition.

He takes pulse and temperature of the mother, inquires if she has headache (eclampsia), and, in general, satisfies himself that everything is right.

To attend to all these duties, fill up the history-sheet, and repack the satchel requires all of two hours after the child is born, which gives ample time for the early complications, if any, of the puerperium to occur.

CARE DURING THE PUERPERIUM

The post-partum work is considered of equal importance to any other in the service, and careful attention is given the women and babes during this period. The students and nurses are taught to observe the physiological phenomena as they develop in the puerpera and the infant. Knowing the normal conditions, they will be able to recognize the pathological. Puerperal complications are so rare that very few students have the opportunity to study a case of infection or mastitis.

The interne teaches the student what to do and what to observe during the post-partum call, and the nurse shows him how to oil or bathe and dress a baby.

At each visit the points numbered on the post-partum record are elicited and noted. The student thus learns what he should look for in a puerpera. Then the patient is dressed antiseptically and a new pad put over the genitals. Before touching the genitals the student removes the soiled pad or cloth, arranges the patient and bedclothes so that he can reach the genitals handily, and lays a folded newspaper under the buttocks. Then he arranges the basin with 1-1500 bichloride and has the jar of cotton sponges open, near the bed, after which he sterilizes his hands. Gloves are worn if there is an extensive laceration, if the lochia are fetid, and invariably in infected cases. After the antiseptic bathing of the genitals a new pad is applied and the T-binder readjusted. The nurse combs the patient's hair and performs other nursing duties for her, such as a full bath, changing the bed, the enema, etc. In the absence of the nurse, the interne or the student does the best he can with such attentions. Under no circumstances is the interne allowed to give douches or to make internal examinations.

The breasts are supported with a roller-towel or breast-binder. They are washed with soap and water the first day; after that the nipples are bathed daily with boric solution. The patient is instructed how to give them cleanly care, but much cannot be expected of this class of patients. That even this care and advice accomplish a great deal may be deduced from the fact that mastitis is very rare, and when it does occur, it is usually several weeks after the patient is discharged.

The bowels receive close attention during the puerperium, as they have much to do with the smooth recovery of the patient. About forty-eight hours after delivery, one ounce of castor-oil is given. Every day thereafter, at least one alvine evacuation is procured, either by enemata or cascara.

The diet is simple; liquids for twelve hours, semi-solid for a day, then a light diet being ordered. It is impossible to carry out a regimen looking toward the avoidance of infantile colic. The women will eat everything, and often nurse the infant whenever it cries. The rule given for nursing the baby is to do so every two hours during the day and every four hours at night. The patient is allowed to sit up in bed from the seventh day on; she sits up in a chair on the ninth or tenth day, and is allowed to walk around the room as soon as she feels strong enough. In particular cases these rules are modified.

The infant is put to the breast six or eight hours after labor. It is given only water till the milk comes. When the mother is given castor-oil, the infant also receives ten drops as a routine practice.

The navel is dressed daily, with sterile hands. The old gauze is soaked off in 1-1500 bichloride, the stump washed with the same, dried, and dressed with sterilized gauze. No powders are used. If the cord is moist or fetid, it is dressed with fifty-per-cent. alcohol for a few days.

The infant is not bathed until a day after the umbilical stump has healed over. In the meantime it receives a daily olive-oil rub. The head, hands, and buttocks are washed with soap and water from a basin. In summer the oil sometimes macerates the skin, wherefore a sponge soap-and-water bath is then substituted.

The mouth is washed once daily with boric solution, as also are the outides of the eyelids.

It will be noticed that the care of both mother and babe has been much simplified, the keynotes being cleanliness and non-interference.

If a puerpera has a rise of temperature, the director is notified at once, and if the symptoms point to the genitals, the following is the routine treatment: 1. An ounce of Epsom salts, followed in a few hours by an enema. 2. Fifteen drops each of Squibb's fluid extract ergot and hydrastis canadensis every four hours. 3. Liquid diet.

A sharp investigation of the labor is now made, to determine who delivered the patient, the number of internal examinations, and the condition of the placenta and membranes. If the uterus is, in all probability, empty, no local treatment is instituted. General medical treatment is employed. If there is real suspicion that a piece of placenta has been retained, the uterus is cleaned out with the finger. This opera-

tion has been done only twice in the twelve years' existence of the dispensary. The fever almost invariably subsides in a few hours or days without treatment. It is this experience that brought the writer to look askance at all reports of the successful treatment of puerperal fever by means of douches, curettage, etc. Our women get well quicker without such interference.

Engorged breasts are treated by the ice-bag, restriction of liquids in the diet, and a tight breast-binder. Incipient mastitis, evidenced by pain in the breast, chill, fever, etc., is treated very rigorously. The babe is removed from the breast the organs are bound up firmly with a compression binder, the mother is given a whole bottle of effervescent liquid citrate of magnesia, and three ice-bags are applied to each breast for forty-eight hours. With this treatment, only exceptionally will the inflammation go on to abscess.

For cracked nipples, two-per-cent. nitrate of silver solution is applied in the morning and afternoon, and Wansbrough's lead nipple-shields are worn.

DUTIES OF THE NURSE DURING THE PUERPERIUM

The nurse visits the puerpera each morning, and spends one-half to one hour with her and the baby.

The infant is to be dressed first. The mouth is cleaned, the diaper is changed, and the infant left in as comfortable a place as the house affords, away from drafty cracks or windows, secure from the attacks of flies, mosquitoes, vermin, and other household pests. The infants in this field of practice suffer much from bowel disorders, which are due to improper feeding, too frequent nursing, errors of diet of the mother, the administration of all sorts of teas, as saffron tea for jaundice, camomile, fennel tea, etc. Direct infection of the intestinal tract is encouraged by dirty bottles, nipples, or fingers, flies, etc. The nurse should admonish and instruct the mother regarding these dangers and the manner of avoiding them, though her efforts may not have the desired success through the ignorance, not the unwillingness, of these people. They also suffer much from skin eruptions, which are due to insects, filth, coarse and cheaply-dyed garments, impure soap, or oil used for inunction, wrapping the babe too warmly, and the general unhygienic surroundings. Under such discouraging conditions it is remarkable and commendable that anything like success in treatment can be obtained, but an intelligent nurse interested in her work can do wonders. The writer has seen many evidences of this in his institutional practice.

The nurse each day takes the child's temperature and records it with any unusual symptoms on the record-sheet.

After the infant has been attended to, the nurse gives the mother some care. A full bath every fourth day and daily washing of face, hands, and axillæ are sufficient.

If the visiting nurse must do other work besides obstetric, such as dressing ulcers, abscesses, attending pneumonia cases, the precautions she is required to take are much more rigorous. It would be better if the duties could be dissociated.

The obstetric work must be done first in the morning; the nurse should wash her hands with special care before touching aseptic things and wounds (the navel, breasts, and genitals), and she should sterilize her hands each time after touching an infected case. The use of rubber gloves will spare the skin many of the discomforts caused by frequent sterilizations.

After dressing the patient the bed is made as nicely as possible with the linen available, and the patient's temperature and pulse taken and recorded, together with such other items of interest as the nurse may discover. The nurse also records what services she rendered and the length of time of the visit. She secures sufficient ventilation in the lying-in room, if this is possible, and sees that the litter and accumulated rubbish are removed. She instructs the patient and the family as to the importance of cleanliness in these cases, and tries to obtain for the patient as comfortable and undisturbed a puerperium as circumstances permit.

If an enema is to be given, the nurse attends to this, or instructs some member of the family to do it. If there are sutures in the perineum, the nurse had better give it herself.

In order to do this work well, the articles needed should be taken by the nurse to the case. Fig. 4 shows such an outfit, being the one used by the nurses of the Chicago Lying-in Hospital.

LIST OF ARTICLES IN POST-PARTUM VISITING BAG

- One brush and one tin box green soap.
- One pan for hand solution.
- One jar of cotton or gauze pledgets.
- One jar of vulva umbilical pads.
- One towel for nurse's hands.
- One bottle of saturated solution of boric acid.
- One bottle of sterile bobbin for retying cord if necessary.
- One bottle of bichloride tablets labeled "poison."
- One bottle of lysol labeled "poison."
- (All poisons are kept in brown bottles and plainly labeled.)
- Extra history-sheets.

RULES FOR PREGNANT WOMEN

1. A woman who is pregnant should consult her physician as soon as possible so that anything in her case that is not right, may be corrected. If she cannot afford to have a physician care for her during confinement she may obtain proper care from the dispensary, 302 Maxwell Street.

2. If the woman has had instruments used, or a hard time, at any previous labor, or if she is small, or deformed, she should ask the doctor to "measure her" and to see if she is in good condition to have a baby.

3. She should report to the dispensary if she has *too much headache, vomiting, trouble with her eyes, swollen feet or eyelids, bleeding from any part of the body, or too much pain*. If she does not pass enough water (urine) she should bring a sample to the dispensary for the doctor to examine.

4. She should eat meat only once a day; she should not drink tea or coffee more than once a day; she should eat fruit, vegetables, cereals, breadstuffs and butter, and she should drink plenty of water (boiled and cooled), milk and buttermilk.

5. She should bathe at least once a week, and take care not to catch cold. Her dress should be warm. She should not wear tight bands around the belly, nor round garters.

6. She must see that her bowels move every day. This is very important.

7. She must go out and walk in the fresh air every day.

8. When the labor pains begin, or if the "waters" should break, send at once to the dispensary for a doctor. Have ready a bundle of *clean* newspapers, and a kettle of hot water. Before the doctor comes take an injection of soap and water to clean out the bowels.

9. Allow the doctor to carry out the rules prescribed by the dispensary for the treatment of patients.

10. This dispensary is intended only for poor women who cannot afford to pay a private doctor for care during confinement. It is supported by charitable donations and those of the patients who can afford to give, should give as much as they can. The money will be used to pay for those who are absolutely destitute, and a receipt will be sent by mail.

THE PREPARATION OF THE HANDS FOR OBSTETRIC CASES

General Rules

1. Keep the hands aseptic as far as possible by avoiding direct contact with infective matter. Use rubber gloves.

2. After all dissections, dressing pus cases, erysipelas cases, or touching the lochia of puerperal cases, sterilize the hands immediately.

3. After attending diphtheria or scarlet fever cases, etc., change clothing, bathe, shampoo head and beard.

Mode of Procedure

1. Coat off, sleeves rolled up above elbow.
2. Wash hands for two minutes in running water, working the soap well under finger-nails and into all creases.
3. Pare and clean finger-nails carefully with blunt instrument. Nails not longer than one millimeter.
4. Prepare patient.
5. Scrub in running water or frequent changes for five minutes. Open out the creases and be sure to scrub well under nails. Rinse and dry.
6. Make external examination.
7. Prepare two solutions, near the bed. 1/1500 Hg. Cl₂—1 per cent. lysol.
8. Scrub for five minutes as before.
9. Wash hands in the lysol solution.
10. Draw on sterile rubber gloves. These gloves must be perfect and are to be boiled for ten minutes. Do not touch fingers of glove with bare hand.
11. Wash vulva with bichloride solution, then with lysol solution, leaving a bit of soaked cotton in the introitus.
12. Now, wet hand in lysol solution and make the internal examination. Be sure the fingers touch nothing on the way. Separate labia widely.

THE foundation stone of the new German hospital on the Mount of Olives was laid recently in the presence of the governor of Jerusalem and many spectators, to the accompaniment of cheers for Emperor William and for the Sultan of Turkey, who gave the land and authorized the construction of the hospital. Dr. Dryander, the court chaplain of Berlin, represented Emperor William and Baron Von Mirch represented the Empress.

"I KNEW a witty physician who found theology in the biliary duct, and used to affirm that if there was disease in the liver, the man became a Calvinist, and if that organ was sound, he became a Unitarian."—*Emerson.*

CARE OF THE TEETH

By JENNIE M. DRAPER

Superintendent of Nurses, Knox County General Hospital, Rockland, Maine.

A NEW era is upon us, that of sanitary mouths. Prevention of dental decay means prevention of disease, not only of the mouth, but many times of the body as well. This is to be accomplished by a system of prophylaxis, which, when once understood by the laity at large, will cause a shrinkage in the sick lists that will prove amazing.

Many of us think we understand how to brush and clean our teeth, but do we? If so, do we take proper care of our mouths?

The pathological effect upon the system of decomposing food in the mouth is just being realized by the medical profession. This statement is not intended to refer to filthy mouths, as the cause of systemic disturbances in such cases has been so apparent that diagnosis was comparatively simple. I refer to those mouths taken care of in a half hearted, disinterested way. Possibly one brushing a day suffices, the breakfast remaining on the teeth until the brushing at bedtime. It is in people with such mouths that systemic disorders have developed, so subtle in their nature that the physician has been baffled to find the reason for such disturbances.

Bacteria of food debris would be quite harmless in the mouth by themselves. Nearly all germ life, in order to become aggressive and virulent, must have a pabulum on which to thrive. This has been demonstrated so often that it needs no argument. It is also a well known fact that the disintegration or decomposition of animal matter is due to the action of microorganisms. Much has been done in the way of experiment to devise some means of destroying the microorganisms found in the mouth, or at least of rendering them inert. Innumerable washes have been formulated and tried, but only with small success. If a powerful atomizer containing a good germicide could be used at frequent intervals, it might be possible to accomplish a condition of inactivity and a great lessening in numbers of germs in the mouth. But an outfit to properly do this work is not practical for all to possess. If it is then not practical to sterilize the mouth is there not some way in which the food can be thoroughly removed? It is on this thought that the principles of prophylaxis are based.

In the average mouth of full dentures, it has been estimated that the teeth present a surface of twenty-five square inches. This would mean

that the surface of the teeth are as great as a piece of glass five inches square. Try and estimate the amount of poisonous products that would generate if such a surface were smeared over with various foods from the dining table and these allowed to decompose, and a fair idea may be obtained of the amount of decomposition that is taking place in unsanitary mouths. Nor is this simile forceful enough, for food in the mouth is in one of the most favorable environments known for activity and virulence of germ life, so that the products generated would be far more numerous, more poisonous, and irritating in their action, than such products from food decomposing in the open air.

The constant dropping of water will wear away a stone, and although some constitutions can and do withstand for years, these poisons generated in the mouth and swept into the intestinal tract with every swallow, yet the vast majority feel the ill effects sooner or later.

Unquestionably the improper selection of foods and the abuse of the use of tea and coffee are the foundation of many of our ills, but most stomach and intestinal troubles will eventually be traced back to the mouth.

Chronic headaches, uremia, anemia, neurasthenia, malaise, constipation, dizziness and coughs, have all been helped and in many cases cured, by oral prophylaxis.

Microorganisms acting on the foods, sugars and starches, produce a solvent, lactic acid, which is the primary cause of dental cares. In children and young people, even up to the age of twenty-five and thirty, dental cares and its various complications are practically the only oral pathological conditions which occur. But after thirty years, the decomposed products of food attack new fields—the peridental membrane, the alveolus, and the gums. In a great degree, immunity from dental cares now ensues, and the seat of action is transferred. It becomes a battle between the peridental membrane and the toxins and ptomaines generated around the neck of the teeth, and by the age of forty the food has usually scored several points against its antagonist. Undoubtedly this occurs on account of the gradual change in these tissues, for it is a rare exception to find receding gums in youth. This change, though scarcely perceptible, seems to mark the turning point from about the thirtieth to the thirty-fifth year. The haversian canals slowly begin to contract, lessening the blood supply to the part, the membrane grows thinner, its vitality is lowered, and its resistance lessened. Can this condition of atrophy be prevented and controlled? Apparently in a great measure it can. These tissues are as capable of development and holding a state of perfect health as the muscles of the body. By a systematic exercise, daily

stimulating the gum-surface with the toothbrush, this condition can in a great measure be avoided.

It would hardly be an extravagant statement to say that fully three-quarters of the people having a bad breath could cure it by the faithful use of the toothbrush and floss silk. But we must realize the importance of using the floss and of brushing the teeth at least four times daily.

The vast majority of people have been told by the dentist to brush their teeth twice a day, morning and night, and they consider themselves indeed virtuous who follow this rule with a fair degree of regularity. The breakfast debris stays on the teeth until bedtime, joined by that of lunch and dinner. Even business men or women can find it possible to brush their teeth during the day, and if the habit is once acquired they will be quite miserable if they neglect it. Five brushings a day is the ideal and proper care for every mouth, four will bring very satisfactory results; anything under this number is rather uncertain.

The first thing in the morning the teeth should be thoroughly brushed with tepid water to thoroughly remove the decomposed mucous and saliva produced in the mouth during sleep. After breakfast the food should be removed with the help of a dentifrice. The thorough removal of grease from the teeth is a chemical action, not mechanical, and requires a solvent such as is contained in a dentifrice. After lunch a dentifrice should again be used, and once again at night, just before retiring, if the brushing has been omitted after dinner. The fact is appreciated that care of the teeth cannot be made one's sole object in life, nor all one's spare time be devoted to the mouth, but such duties soon become habits, and as they are based upon common sense, this extra time and effort amount to practically nothing, and will more than compensate for the trouble it involves.

There is but one way of artificially stimulating the deeper tissues around the neck of the teeth, and that is by stimulating the surface of the gums. Therefore it must be remembered that the gums should be brushed inside and out just as thoroughly as the teeth. If we wish to bring the blood to the back of the hand we would not rub the skin with a slow, deliberate stroke, but would use a fast, vigorous one. The toothbrush should be made to travel as fast as the hand can make it go, and in this way the proper stimulus will be imparted to the gums which, in drawing their blood supply from below, will cause a free and plentiful supply to the alveolus and peridental membrane, and these are the tissues we are after.

With the jaws slightly parted so that there will be room for the toothbrush around the molars, brush the outside surfaces of the teeth

and gums crosswise, then up and down, giving special attention to the last molars. It is not necessary that pressure be used on the gums in brushing, as it will make them sore, so a soft brush is advisable in starting this treatment; at least for the first two weeks. With the brush turned upward, brush the inside of the upper teeth and gums with a forward and back stroke, allowing the brush to travel back and forth across the roof of the mouth, to cleanse this membrane and to stimulate the flow of blood to the small arteries. With every outward stroke the heel of the brush will pass over the inner surfaces of the front teeth. Now invert the brush, and with the thumb held on the top of the handle, instead of around it, brush the inner surfaces of the lower teeth, reaching well down on the gums. Lastly the masticating surfaces on both the upper and lower jaws should be brushed. This system should be repeated at least three times, always with a fast, vigorous stroke, and making sure that the brush is reaching the gums. There are now a part of two surfaces left that have not been reached, the approximal or contact surfaces.

Teeth should be flossed at least once a day, and as the most important brushing is at night, floss the teeth thoroughly the last thing after brushing and then rinse the mouth with water. A waxed ligating silk seems to be about the right size and strength for this purpose. After passing the silk between the teeth, the end held in the mouth should be brought out and the silk pulled out from between the teeth laterally in the form of a loop. This seems to be more effective in cleansing the surface than when the silk is merely snapped out. The question of toothbrushes and dentifrices must be decided individually. By placing a small quantity of powder or paste between the incisors and biting on it, grit can soon be detected. The teeth should be polished daily, not scoured.

We are glad to know that unclean mouths are less common among American people than among those of any other nation. Let the nurse then do what she can to keep her own teeth in a perfect condition and, so far as her profession will permit, to impress others with the necessity of doing the same.

Think what this education would mean in preventing many of the infectious conditions now found and treated by specialists of the throat, nose, and ear; of stomach and intestinal disorders where the products of bacterial digestion in the mouth are being constantly swept into the system. No one would think of eating tainted meat or fish, sour milk, or stale eggs, yet these are but undergoing bacterial digestion, the same that takes place in the mouth improperly cleansed.

SUPERINTENDENTS OF SMALL HOSPITALS

MARY E. GLADWIN

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THERE is no class of women workers in this country more over-worked, more under-paid, and more poorly prepared for their work than the superintendents of small hospitals. In most instances the holders of these positions are graduate women nurses because no mere man would consent to assume such great responsibility and to work so many hours for the salary received. Every day the large hospitals are recommending for positions of great responsibility, women who have had no preparation for the work which lies before them. They are often recent graduates, or young women who have been head nurses for some time, and who have never managed even the smallest household. The head nurse of a large hospital ward may manage her ward admirably, and yet have the vaguest idea as to how to purchase hospital supplies or to order the groceries. She sends to the supply room and to the kitchen, lists of things needed after the medical officer has decided what the patients shall eat and drink. The responsibility of the patients rests for the most part with that young man. She keeps order, works hard, may or may not teach the pupil nurses, as this depends upon the kind of woman she is and her ability. Why is she chosen? Because she is a "good ward housekeeper" and chances to be available.

What are her new duties? She goes to a hospital of say twenty-five beds, ten nurses, and five servants. Sometimes she has a housekeeper. If so, the salary is so small, that only a woman of little experience can be obtained. Her assistant is often a recent graduate, ready to give herself without stint to the work in hand but with no special knowledge for her many duties. The management of the storeroom, kitchen, and laundry is made arduous in the extreme by the constant procession of women of various nationalities coming and going out of the back door of the hospital. The trustees know little about hospital work and are willing to leave most matters to the judgment of the superintendent. The hospital is probably dependent upon charity for its continued existence. There are eight or ten physicians on the staff, all of whom must be pleased and met with such tact as she can summon to her aid. The superintendent assigns patients to their beds, sees their friends, and is at the mercy of anyone who chooses to call for her at the door or over

the telephone. She keeps the books, makes out the bills, collects money, pays the nurses and servants and is on call at all times, day or night, for obstetric cases, accidents, or emergencies; often helps in the operating room, gives ether, manages some district nursing, has been known to cook the dinner when the cook "gave notice" suddenly, and occasionally helps wash the dishes, or does a little ironing by way of diversion. She orders all the hospital supplies with such economy as she can master while she is trying to make an inquiring public understand why she has not taught graduate nurses not to put hot things on polished surfaces, and why she has not provided them with better table manners.

In the abundant leisure left by these manifold pursuits, she teaches three, four or five classes a week, the number depending upon her strength and the amount of her ambition. Is the picture overdrawn? Not one bit. There are scores of women ready to attest the truth of every word. I know a superintendent who gets up at four in the morning upon class days, that being the time when she can study with the least liability to interruption.

Think how much travail of body and mind a woman might be spared by special training for her work; of the cost to the hospital of the experience she obtains, and of the increasing number of young women who are obliged to take a long rest just when their work commences to be of most use to the hospital and consequently to the community.

The Remedy.—Every large hospital should have in its training elective courses in hospital management, hospital buying, and hospital economics. If properly managed these courses could be maintained with very little additional cost to the hospitals. The course at Columbia has done a great deal for us as a profession, but it is not within the reach of all those who are constantly appointed to these positions, and it can not deal practically with all the details peculiar to small hospitals.

We can get what we want in this matter if we are willing to work for it. If we can once provide well-trained women, sure of themselves and their ability from the start, the other difficulties will vanish like smoke. In my experience trustees are very reasonable people, ready to meet one more than half way if convinced that any measure is for the good of the hospital. There is no one thing that needs doing more than this one, or that first and last will be of more benefit to nurses in general. How many of you are willing to help?

"If you are original and enterprising, you will be opposed, but opposition will prevent dullness, and criticism is the whetstone on which a genuine man is tempered and polished."

THE EFFECT OF NURSING ON THE WOMAN WHEN RETIRED

By ANNA E. BETTYS

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MOST readers of the JOURNAL are still in the active practise of the profession and to these this brief paper may seem of little interest, but there are many who anticipate retirement in a few years at most and to this class is offered suggestions which may not be untimely,—for anticipation of future needs is ever helpful in the practice of present economy, which term is used in its broadest sense, for to apply the word to money only is to miss a large proportion of its value.

We have had many a treatise on the work of those whose nursing activities are in the past and scores have demonstrated that various vocations may be successfully pursued, but we purpose in this brief article to speculate on what the woman really is when she has retired—to look into her individual personal life.

One has said, "We are a part of everything we have met," and who has had broader experience in all grades of living than she who, after two or three years in hospital wards, has responded to calls by night or by day to every condition of mankind—rich or poor, in city or country? How with the fleeting years we value the training and practice as, indulging in retrospection, the vigor of forty-five or fifty is compared with that of twenty-five, and we realize that this particular service must be surrendered to others and another life begun, for which the past ten, fifteen, or twenty years have been a preparation. So surely do God's plans unfold for us.

Hospital service, with the early duties of the probationer, furnishes invaluable training for housekeeping, and this is but the opening to the broad experience of private nursing. In no other calling does one enter into the holy of holies of family life, often forming life long friendships, while the beautiful surroundings of the luxurious homes and the not infrequent opportunities for travel are of great educational value.

How many have had infinite satisfaction in ministering to the great middle class, feeling here the implicit confidence and true bond of sympathy existing between the wealthy patient and the nurse.

How does this affect the woman of fifty when, if living with friends, she plays the rôle of ideal maiden aunt, doing the "whatever" as it lies at her hand or as the family purse indicates, and how much is included

in that old-fashioned word; sometimes all manner of, to us, common-places.

What if she establishes herself as fruit or poultry grower, masseuse, matron in a home for aged and infirm or in one for young and irrepressible, or in any of the diverging paths which a woman may walk single handed? What is her condition of mind and heart? Is she sighing for the flesh pots of Egypt? Has a decade or two in the life of luxury made her restless under the new conditions?

Has she formed her experiences into ideals and crystallized them so that she can live with them, or are her ideals like lighthouses which shine on us from afar and leave the footpaths in darkness in the shadow of mountainous obstacles?

The right ideals teach us to curtail our expenses to suit the more limited income, to spend less for clothes, make more modest presents, and in every way to suit the outlay to the income.

If the nurse was a student, she found leisure for reading from the pens of great masters, and what resource is more uplifting than the product of great minds which product we have assimilated and made our own? Can we not better fill the common offices of every-day life when through the artist's eye we see "sermons in stones, books in the running brook—and good in everything;" when we can use the former experiences of our lives as a great social leveller, a bridge between the wealthy and the common people, and with taste cultivated amid artistic fancies furnish our hall bedroom, tiny flat, or modest house so that it shall speak of knowledge not all learned in schools? If we set our own table, thus escaping the, to many, inevitable boarding house, our viands shall savor of French chefs; and the linen and china, not of foreign import, may suggest the refinement of a woman who has seen much of the best and who through this has learned to adapt herself to what she can maintain.

If this ideal woman has not long pursued her chosen calling she will again gather up the threads of social life, renewing, if possible, old friendships and at the same time not forgetting the stranger within her gates.

If, with nursing life, philanthropic interest has been developed, the opportunities in this line will not be neglected, and so long as we are in the world so long may we see a creature more needy than ourselves. "Let us then do good unto all men as we have opportunity."

These words from the pen of Van Dyke form a fitting closing:

"Let me but do my work from day to day,
In field or forest, at the desk or loom,
In roaring market place or tranquil room

Let me but find it in my heart to say
When vagrant wishes beckon me astray,
'This is my work: my blessing, not my doom,
Of all who live, I am the one, by whom
This work can best be done in my own way,'
Then shall I see it not too great nor small
To suit my spirit and to prove my powers;
Then shall I cheerfully greet the laboring hours,
And cheerfully turn when the long shadows fall,
At eventide, to play and love and rest,
Because I know for me my work is best."

NURSING IN MISSION STATIONS: INDIA

THE Mary Taber Schell Memorial Hospital of Vellore, India, which is now in its fourth year, issues an interesting illustrated report of its last year's work. The hospital and dispensary are in charge of two women physicians assisted by a trained nurse, Miss Lillian M. Hart, as superintendent of a staff of eleven native women who are in training as nurses, and of two who are in the compounding room. The hospital has a capacity of forty-two beds and admitted eight hundred and sixty-five new patients during last year. It contains a European ward for the use of missionary and civilian ladies which has been occupied the greater part of the year. Over thirty thousand "out-patients" have been treated. Many important operations are performed in the hospital, and the picture of the operating-room shows as commodious and well-kept a place for work as one could wish. Some of the patients who are unwilling to remain in the hospital are operated upon in the dispensary and are taken to their homes a short time after recovering from the anesthetic. The dispensary is open from seven to twelve A.M. and from three to five P.M.

In the morning the patients are seen free of charge, except that they put half a cent into a box for the purpose, to pay for their chit, a small piece of paper on which is written their name, number and date for reference when they are to come again. In the afternoon a small fee of about sixteen cents is charged, so very few come at this time, but when they do they are seen more carefully and there is time for a little personal talk with them. As each one makes her final visit she is encouraged to place a thank-offering in the charity box, and all who can are asked to pay for their medicines. The amount thus obtained has increased with each succeeding year.

Some of the difficulties encountered in the dispensary work are described thus:

"You who in the homeland read this will, I fear, in thinking of a dispensary, think of the quiet, orderly institutions as they are at home, where there is a clerk to receive each arrival, give her her number for the day, and direct her to the right room, to the door of which they quietly go, sit down and await their turn to be seen. There are several rooms for the various kinds of diseases and a doctor for each room. Not so here. Although there is some one to give out numbers, she usually gets them mixed up, or the people rush by it they can, four or five of the family with each, and they all must talk at once and each one who comes pretends that she cannot possibly wait at all but must be seen at once. While some one is trying to keep order at one door to hold a whole flock of white-robed creatures enter at another (the Goaha door for purdah women only) and we are surrounded at once by a lot of chattering Muhammadan women. As these are fewer in number than the Hindus we cannot afford to devote a door keeper for them, so they come in unchecked, and although the doctor may be talking seriously with another patient, unless quieted, they will all begin to talk and keep it up till they are heard. We are so glad to have one with us who fully understands their language and can speak to them and quiet them at once. There is a time in the morning when a large number arrive about the same time, so that one's nerves are pretty well tried by the time a hundred have been seen and sent on. The trouble of it is they are not content to be seen only once and sent on, but must come back to tell of things they forgot, or to ask questions they have or have not asked before and to have directions repeated to them not less than six or seven times. Sometimes when we laugh at them or scold them they only say, 'We are only women, how can we remember and understand all you say, you must come and talk to the men,' and then nothing must do but that the doctor leave her seat and go out where the men are and repeat everything necessary to be told once more and to hear once more a full rehearsal of all the subjective symptoms and then they are usually satisfied for the day."

Miss Hart reports that the progress of the nurses in practical work has been fairly favorable, but owing to fever she has not been able to carry on much class work. Considering the difficulties to be overcome and their nationality, their improvement as nurses has been wonderful. The day's work begins at six forty-five A.M. and is finished at seven P.M. with a period of two hours off duty for each nurse for rest and food. The nurses have their holidays during the cold season when the hospital work is slack.

ST. LUKE'S HOSPITAL, Philadelphia, Pennsylvania, has recently opened two new wards, one for surgical, and the other for obstetrical cases. These additions are in two buildings, one story high, connected with the main building by corridors. Each contains sixteen beds and has a sun-parlor.

"CHARACTER is nature in the highest form."

ENFORCEMENT OF STATE REGISTRATION FOR NURSES IN VIRGINIA

BY S. H. CABANISS

For something over three years, the State Examining Board for Nurses in Virginia has been trying to demonstrate to its satisfaction and the weal of nurses, and the public, the practical value of the "act to regulate the professional nursing of the sick" in this State. Profiting by the experience of our brethren, the medical and legal professions, the bill was made as broad and liberal as possible, with the understanding that after reasonable actual test it could be revised or amended. Nevertheless, all suggestion of subsequent amendment, with the exception of such requests from members of the Nurses' State Association, has been resented and combatted as an interference with technicalities distinctly our own. From the very start, the movement for State Registration of Nurses had very strong support and encouragement from all of the most prominent medical men in our State. The fact that they were fighting over some old battles of their own, at this time, perhaps made them doubly sympathetic and helpful. This also carried some weight with the law-makers, since they had previously found our medical champions very capable lobbyists. Our legal adviser was an experienced lobbyist, a very prominent lawyer and the husband of a very popular nurse. For these reasons, his fitness and value in this position are readily obvious. He was retained as counsel for the state board until his removal to the North to accept a partnership in a well-known law firm of Philadelphia. The most enthusiastic supporters of the bill in the Assembly were eminent lawyers, several closely allied with physicians of note, and in nearly every instance, men who, of their own personal experience, knew the unlimited possibilities in home or hospital practice of the nurse.

These factors, or conditions, have facilitated to a greater or less degree the work of the state board. They tended to increase its civic as well as its professional, status and importance; gave it, so to speak, a sort of prestige in the commonwealth. Many people for the first time, came to regard nursing as no longer a *trade*, but a *profession*. However liberal the terms of the Act, all who are acquainted with it—and few are not more or less so—realized that it set up an educational standard for nurses which, sooner or later, would become compulsory in Virginia.

The Maryland law is more recent, and has in some ways improved upon ours, especially in its terms of allowing non-graduates, or such as

graduated from schools giving less than the required time of training, to supplement this with additional training, since the enactment of this law. The law in Virginia allowed but one year from the time of its enactment in which nurses might apply to register without examination. This is an extremely short time; but in view of Virginia's geographical and professional position, she was obliged to protect herself from such tremendous cargoes of professional "driftwood," most of which formerly heading our way, from all accounts, now take refuge in the unprotected District of Columbia, all of whose border states now require registration. Another objection, or incompleteness in the Virginia law is the absence of any consideration of the insane hospitals. This was due to the fact that such nurses were, at that time, known as "attendants." The State Hospital Commission is now arranging better general training for its nurses which will enable them to apply for state certificates with examination.

Owing to the prevalence of small, not "special," hospitals in Virginia, it was deemed best to require *at least* two years of training in a hospital giving a systematic course of instruction. This has led to some disagreeable experiences with applicants, who claim to have left recognised schools for cause but have *graduated* from correspondence schools in order to claim diplomas.

The board is given considerable liberty and authority, being permitted to draw up its own rules and regulations, provided they are not inconsistent with the provisions of the Act. Members of the board are appointed by the Governor of Virginia, but the nominations for such office are made by the state association from its own members. We feel that we are much to be congratulated upon securing a board composed entirely of nurses; to this there has never been the slightest opposition. Such coöperation has the registration movement received, that our present legal counsel is no less a person than the Attorney-General of the state, but this may be due as much to the proverbial chivalry of gentlemen of Virginia as to the esteem for state registration. The conditional affiliation of schools has been tried in some localities to enable pupils to acquire requisite experience and instruction. An effort is being made to secure better facilities for instruction in domestic science, especially dietetics, for pupil-nurses. Owing to the size of the state and the long distances between the various centres of nursing schools, there has been considerable difficulty in arranging details of such a plan with any of our colleges for women, in which a course of domestic science is established.

The nurses in Virginia register, as a rule, without any difficulty; but in so doing, they expect *immediate* protection from all professional

ills and grievances, such as dismissed pupils on private duty at equal rates as R.N.'s, and many like woes. It has very recently been conceded that desire for financial gain cannot be the *raison d'être* for the board in Virginia. As the days go by, more and more cordial and universal support comes to us from the nursing profession and upon this depends the extent of state board usefulness. Going back a little more than one decade, the age of systematic education of nurses in Virginia, there is much to encourage us, our nurses having filled most creditably, positions of trust in older and larger hospitals in other states.

Boards of health and others of the medical profession rely upon us for the successful establishment of many enterprises for public safety. We are welcomed as members of the learned professions; and the people begin to see us no longer as a band of mere wage-earning women, but as their intelligent friends, ever battling courageously for their well-being and health in the most skilful manner known to modern science.

At its last meeting, the state board decided to furnish all registered nurses in Virginia with a small washable badge to be worn when on duty; a simple band bearing the letters R.N. and Virginia. The board will also request all telephone and city directories to use the title R.N. instead of trained or graduate nurse as heretofore. In this way it expects to help to educate the public in differentiating between nurses of whom they demand first class service and skill, and others, of whom they may expect but little. This must soon render the expressions trained and graduate nurse entirely obsolete.

The hospitals are bending their energies to meet the requirements of the board and, while improvements come slowly almost everywhere, and limited finances lessen their pace very materially in the south, yet the *spirit* is here which, after all, is the true capital. School inspection, which we find essential to fair and faithful work by the board, has just been begun. When completed, we shall know better what to demand of the schools and how to advise improvements. Without this information much injustice is being done all concerned.

"HUMAN life is made up of two elements, power and form, and the proportion must be invariably kept if we would have it sweet and sound. Each of these elements in excess makes a mischief as hurtful as its defects."—Emerson.

THE RELIEF HOSPITAL of Brockton, Massachusetts, which has been occupying a house, is soon to have a new three story hospital.

REGISTRATION FOR NURSES IN COLORADO: A HISTORY

BY LOUIE CRAFT BOYD

THE history of the world shows that people have massed themselves together to accomplish the ultimate good for all, and the profession of nursing is no exception to test the axiom that "in union is strength." If necessary in the beginning of things, and this one accepts as a fact, how much more so is it during the months and years when the perfection of the whole is in process of construction; when the progress, necessarily slow at times, seems no progress at all! This is the time during which each is put to the test and the result shows a fault-finder—a destroyer of every good thing—or one farsighted and noble enough to be loyal and true to the best interests of the work in hand.

About six years ago, the subject of legal registration for nurses was brought to the attention of the Trained Nurses' Association of Denver and two of the members compiled questions relative to the matter which were freely discussed in connection with the pros and cons of how to introduce and carry a bill through the legislature, but owing to intense opposition from many of the nurses the whole subject was dropped indefinitely. In the course of time, the necessity for registration became so strong that in May, 1904, the Colorado State Trained Nurses' Association was incorporated, primarily to have a bill prepared for the registration of nurses and to further its passage through the legislature. From the association's incorporation until November, 1904, all the work of organization was accomplished.

On November 10th, 1904, a special meeting of the association was called to decide the momentous question: "Shall a bill for the registration of nurses be placed before the coming session of the legislature?" When put in the form of a motion this was carried unanimously and the legislative committee vested with full power to select a lawyer to draft a registration bill and to incur any expense necessary to further the passage of the measure. On December 30th, 1904, the state association held a special meeting to hear and discuss the bill as drafted for presentation to the fifteenth general assembly. During the time preliminary to the convening of the legislature there was not only the drafting of the bill to be attended to, but writing to and personally visiting the different members of the legislature and their friends, as well as keeping the nurses informed concerning the progress of the work.

The bill introduced was similar to the Maryland law and, as its

numbers show, was presented early in the session; No. 9 in the Senate and No. 32 in the House. As the House took up the consideration of its bills first, a hearing on No. 32 was soon granted by the Committee on temperance and medical affairs. This committee made unsatisfactory amendments to the bill and, despite reasons to the contrary, retained them, reporting the measure out to Committee of the Whole. Some of the members of the legislature were not seen, owing to our ignorance concerning legislative methods, and their knowledge as to the best way to evade the ever-present lobbyist. Those who were seen, though, promised to give the bill every attention.

On February 1st, 1905, the bill came up for second reading in Committee of the Whole and before long it looked as if nothing would be left to show for the efforts of the state association, but in the midst of the proceedings, and before numerous proposed amendments could be acted upon, the committee arose. They objected to and cut up the application section to such an extent that, through the kindness of one of the members, we asked to have it stricken from the bill, though the major portion of it they allowed to pass in section 1 covering the members of the board. One member proposed striking out the provision for an examination, saying that nurses with diplomas should always be registered without examination, but gave in when convinced that training-school diplomas failed to show uniform methods of training for nurses. Had he persisted the value of the registration bill would have been vitally impaired. Much personal work was done before the next day and the result of this labor was shown the next morning when one of the principal opponents of the day before simply moved to take up and finish house bill No. 32. Owing to the kindness of two members of the House—one of whom, though a member of the committee which reported unfavorably on the bill, very kindly said he would offer any amendments we wished in Committee of the Whole and faithfully fulfilled this promise—some amendments were made and carried, and the bill passed its second reading in fairly good, recognizable shape. On its third reading there were only six against the bill and ten against the emergency clause. The senate committee, the chairman of which was a Christian Scientist, voted unanimously to report the amended house bill out to Committee of the Whole with recommendations that it pass. It was on the senate calendar from February 30th to March 31st, 1905, when the usual favorable motion prevailed and it was passed in Committee of the Whole. On April 1st it passed on third reading by a unanimous vote and Governor McDonald signed the bill on April 11th, 1905.

Considering the fact of a gubernatorial contest, which lasted from January 10th to March 32d, during which time the legislature held only a morning session for business, the afternoon being given over to the contest, and that seven hundred and eighty bills were presented, less than two hundred being passed, the nurses of Colorado have every reason for being thoroughly satisfied with that winter's work in the legislature.

It is too soon to state definitely what it has brought to us, but the remark of one of the senators after the passage of the bill conveys a hint of its value to nurses generally: "Now, you are a profession." A legal standard always tends toward the betterment of a profession and to prove the truth of this statement one only needs to note the upward growth of the professions of law and medicine since their legal enactments, hence the aim of registration for nurses is forward and its objects, the future nurse and her school.

Those states having legal standards should make every endeavor, by the affiliation of their schools, to fix a minimum uniform standard for the training of nurses, taking thought that this standard in no way exceeds the material which the state affords. This in turn will necessarily bring uniform laws governing the registration of nurses. Further, all those states, the provisions of whose laws are uniform, should endeavor to recognize this fact by reciprocity, issuing certificates to registered nurses without examination.

Adverse legislation is always a possibility at any and every session and as nurses can hope to counteract or defeat such efforts on the part of their opponents only by being "instant both in season and out of season," therefore, they should realize the importance of their law and accept it as their duty to maintain a constituent's acquaintance with those members of the legislative body who act as their representatives, thus stirring up and keeping alive their interest in nursing as a profession.

"If the power to do hard work is not a talent, it is the best possible substitute for it. Things don't turn up in this world until somebody turns them up. A pound of pluck is worth a ton of luck. Luck is an *ignis fatuus*. You may follow it to ruin, but never to success."—Garfield.

THE term immunity signifies "that condition in which an individual or species of animals exhibits unusual or complete resistance to an infection for which other individuals or species show a greater or less degree of susceptibility."

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE USE OF AMMONIA IN COUNTERACTING THE FUMES OF FORMALDEHYDE.—In an article in the *New York Medical Journal* Dr. E. V. Wilcox advocates the use of ammonia to neutralize the fumes of formaldehyde when used for purposes of fumigation. In his experiment the sick room, which had been occupied by a scarlet fever patient, contained fifteen hundred cubic feet of space. Two quarts of methyl alcohol were consumed in a formaldehyde generator and three pounds of commercial formaldehyde were exposed on sheets. As soon as the room had been ventilated sufficiently to make it possible to work in it, three pints of ammonia were sprinkled over the rugs and bedding and the room was closed again. The fumes of formaldehyde were completely destroyed in half an hour, except when it had been spilled on the floor and left an incrustation. The application of ammonia to these spots caused the odor to disappear at once.

WRITERS' CRAMP.—*The Medical Record*, quoting from *Archives de Neurologie*, says: "The following plan was successfully used by Hartenberg to cure a case of writers' cramp. The patient, who had suffered from the condition for about fifteen years, was instructed to apply a rubber tube firmly around the biceps for twenty minutes at a time every morning and evening. At the end of a few weeks the patient had almost entirely recovered."

RECTAL FEEDING.—*The Wisconsin Medical Journal* says: "Becker proceeds in this way: The number of meals in twenty-four hours should not exceed two, one meal in the morning and one late at night. One hour before the morning meal a suppository of opium and belladonna is introduced, and then an hour later the rectum is carefully cleansed with lukewarm water to which some salt is added—it need not be physiological salt solution. The temperature of the cleansing water should range—like the other things introduced into the rectum—from 42 to 45 degrees centigrade. It should be introduced into the rectum with

moderate force in moderate quantities, say 150 c.c. at a time, and the tube should remain in the rectum for the return of the soiled water. A good-sized rectal tube should be used for the cleansing, and the tube should have a rather wide lumen, and should not be too flabby. The introduction and the letting out of the water are repeated until the water returns absolutely clean. Then the tube is turned and pushed in and out several times to ascertain and insure that all the water, or at least as much as possible, has left the colon and rectum. Now the patient is given a short time of rest, say fifteen or twenty minutes, after which the rectal meal is introduced. The same rectal tube is used and is introduced about 15 c.m., and then the meal, 200 c.c., at most 250 c.c., is slowly introduced at a temperature of from 42 to 45 degrees."

POISON IVY.—Dr. C. G. Am Ende says in *The Medical Record*: "Since there is apparently much doubt as to the best method of treatment of the dermatitis of rhus poisoning, the information may be of interest that in the powdered crude sulphur of the stores we possess a remedy everywhere obtainable and usually promptly successful. Its application is best made by mixing it with a little water, and perhaps a few drops of glycerin, this to be rubbed over the affected area two or three times a day. Next best is its use mixed with just sufficient lard to bind it. As to the time of activity of the poison I remember a patient who infected himself in early spring before the appearance of the leaves by tearing out roots in a clearing for garden culture."

WHEN SHOULD LAPAROTOMIZED PATIENTS BE ALLOWED TO GET OUT OF BED?—*The American Journal of Surgery*, quoting from a German journal, says: "In Landau's gynecological clinic in Berlin, with which the author, Karl Hartog, is connected, the patients are allowed to get up on the fifth to the ninth days after abdominal section. The advantages claimed are: 1. More rapid convalescence. 2. Elimination of lung complications. 3. Improvement in the digestive functions. 4. Lessened risk of thrombus or embolus formation."

CHEAP SURGICAL DRESSING.—*American Medicine* makes the following statement: "Military journals say that at a cost of twenty-four cents Japanese doctors can dress the wounds of five hundred men. They use a finely powdered charcoal obtained by the slow combustion of straw in closed furnaces. Sachets filled with it are applied to the wounds, and its antiseptic and absorbent qualities generally effect a rapid cure."

THE TYPHOID BACILLUS IN THE URINE.—*The New York Medical Journal*, quoting from the *Glasgow Medical Journal*, says: "It is not a little remarkable that a complication of typhoid apparently permitting of such easy proof was only made known so recently. Before a few years ago the danger of the spread of infection by the urine was scarcely taken into consideration. It is now fairly well established that the bacilli appear in the urine in about one-fourth to one-third of all the cases. Their appearance in the urine is at earliest towards the end of the second week; usually later, and most frequently not till convalescence. The bacilli may be so few in number in the urine as to produce no evident change in its physical character. As a rule, however, they appear so suddenly and in such numbers as to render the urine cloudy. The number of typhoid bacilli excreted in this way is enormous. Petruschky found more than one hundred million per c.c. Their appearance may coincide with the presence of some albumen and even a slight amount of blood. On the other hand, the shedding of the bacilli may be attended with very severe kidney disturbance, marked by profuse and long continued hemorrhage. The bladder in the majority of cases remains unaffected, and, indeed, the bacilli may continue to be shed in enormous numbers without giving rise to any subjective discomfort. This lightness of the affection causes the condition to be overlooked, and in this way the spread of the disease is facilitated."

INGROWING TOE-NAIL.—*The American Journal of Surgery* says: "It is doubtful whether the classical operations for ingrown toe-nail cure permanently in even a fair percentage of cases. Conservative treatment will usually accomplish as much, even in the presence of granulating masses. This treatment includes drawing the flesh away from the nail with a strip of adhesive plaster, insertion of a gauze packing under the nail edge and the application of an absorbent antiseptic dressing."

CLEANLINESS OF EAR.—The same journal states that "in fractures of the base of the skull with bleeding from the ear it is necessary to keep the auditory canal absolutely clean in order to prevent infection of the meninges."

INSECTS AS TRANSMITTERS OF DISEASE.—*American Medicine* says: "The spreading of disease by insects is now proving to be much more common than was believed to be the case but a year or two ago or even a few months ago. The greatest attention has hitherto been given to

those diseases wherein the insect acts the part of a secondary host in whom the parasite undergoes some kind of change not possible in man—malaria, yellow fever, filaria, Texas fever, etc. It is interesting to find increasing attention being given to the possibility of the mechanical transmission of infective organisms from man to man by means of the commoner insects, flies, bedbugs, roaches, and fleas. There is no reasonable doubt that in recent wars flies were responsible for the transfer of typhoid bacilli from open latrines to foods which were not screened. A revolution in the care of the sick necessarily results in private practice as well as in hospitals. It is evident that each infective patient must be carefully protected from flies and other insects, otherwise he is dangerous to every one in the immediate neighborhood."

SITE OF SUBCUTANEOUS INJECTION.—*The Medical Record*, quoting from *Deutsche Medizinische Wochenschrift*, says: "The axillary regions are recommended by Klose as being the best situation in which to inject antitoxin or similar preparations, as the skin is freely movable, is well padded with fat and connective tissue, and the lymphatics are well developed."

BICHLORIDE GAUZE.—*The Clinical Review* is responsible for the following: "According to Powell, the following is a convenient method of preparing this surgical dressing: Take ordinary cheese-cloth and boil in water made alkaline by the addition of common washing soda; wring the cloth out in hot water; boil again in plain water; then run through a bichloride solution 1:200 and pack away moist in sterile jars. This gauze, immediately before using, should be wrung out in a solution of bichloride, 1:1000."

VINEGAR AS A HEMOSTATIC IN GYNECOLOGY.—*The New York Medical Journal* says: "Gilly (*Gazette de gynécologie*, January 15, 1907) reminds obstetricians that in every cottage there is a valuable hemostatic which can be utilized in an emergency. A pint of vinegar, a tablespoonful of table salt, and a couple of clean handkerchiefs, are always at hand. In a profuse hemorrhage following a miscarriage or after labor, the patient is made to drink half a glassful of pure vinegar, and the vagina is tamponed with the handkerchief moistened with the vinegar and salt. This is done with the patient in the obstetrical position lying across the bed with her head low, the thighs and legs strongly flexed, and the hips at the edge of the bed. The vagina is cleared of clots before introducing

the tampon. The bleeding stops immediately, but the patient is kept for a time in this position until reaction takes place, which is hastened by an enema of a quart of normal salt solution. The simultaneous internal administration of vinegar by the mouth, he regards as an important aid to the local hemostatic. This agent, although having a flora of its own, is known to be bactericidal to pathogenic varieties of microorganisms. It may be given in its ordinary state, or, if there is time, it may be filtered and boiled previous to use."

RELATION OF BIRTH RATE TO POPULATION.—*The Medical Record* says: "In a recently published report on British vital statistics, the Registrar-General, Sir William Dunbar, expresses the opinion that moderate birth rates, associated with low mortality among children, may be more effective toward keeping up the population than high rates associated with high mortality. He asserts that a high birth rate does not necessarily involve a larger effective addition to the population than does an average or even a low birth rate. In too many cases high birth rates are associated with excessive sickness and mortality during the first few years of life, the result being that fewer than the normal proportion of children survive for five years, while those who do survive have fallen below the normal standard of physical fitness. The statistics gathered have led to the conclusion that during the past thirty-five years about seventeen per cent. of the decline in the birth rate was due to a decrease in the proportion of young married women. About ten per cent. was due to a decrease in illegitimacy, while regarding the remaining seventy-five per cent. of the decrease, although a proportion was due to reduced fertility ascribable to changes in the age and constitution of married women, there is little doubt that the great part was due to deliberate purpose."

"THE value of work has been so emphasized of late that it might be superfluous to more than mention it here. There is no truer saying than that 'the devil finds work for idle hands to do.' You will always find something to busy yourself with if you look sufficiently earnestly. Systematic, conscientious work is the only highway to success. 'If you wish to be happy and contented, work. If you wish to help yourself, work. If you wish to help others, work. If you wish to keep out of mischief and bad habits, work. If you wish to be prosperous, work; and when you do not know what else to do with yourself, just turn in and work.'"

FOREIGN DEPARTMENT



IN CHARGE OF,
LAVINIA L. DOCK

THE PARIS CONFERENCE

IN completion of the programme as published last month—which, on account of the necessity of going to press on a certain day, was not entirely in order—we are now able to add to the papers for the first day on Nursing Education, one by Dr. Rist, of Paris, entitled "What Remains to be Done." On Wednesday, to the papers already announced, will be added one by Dr. Dubrisay, on "Maternal Aid;" "Germany's War on Infantile Mortality" will be presented by Sister Erna Weydemann, of the Düsseldorf hospital, and one of the members of the German Nurses' Association; and on Thursday, under the head of Professional Organization, Sister Charlotte von Cämmerer, also one of our German members, will describe the "Nurses' Registration Act of Germany."

The "History of the British Journal of Nursing and the British Nursing Press" will be read by Miss Mary Burr, whom the American nurses met in Berlin,

Those who have been invited to open discussions are: Miss Mollett, who will take up the papers on education; Miss Edla Wortabet, those on public and social responsibilities; Lady Hermione Blackwood, of the Irish Nurses' Association, those on district and private nursing; and Mrs. Kildare Treacy, president of the same association, those on professional organization. Miss Elston, the directress of the Civil Hospital Training-school at Bordeaux, will discuss "International Reciprocity." All the letters coming from abroad promise a most successful and fruitful Conference.

The informal character of these meetings has been especially emphasized. The Constitution of the International, while it provides for the calling together of interim gatherings, makes no rules for these. At the Quinquennial official meetings it is proper that we may require national societies in membership to send their official delegates, but at interim meetings this left to their own voluntary action. We know, of course, that our societies will voluntarily respond, and, as a matter of fact, the number of representatives of societies promised grows daily.

It was desired that this Conference should be thrown open as widely as possible to all nurses, no matter whether they belong to the International Council or not. There are in Europe many groups, and many isolated nurses with whom we desire friendship and mutual interests. It was believed that many such would respond to an informal call, and results have shown this belief to have been sound. We are sure, however, that these friends will only feel an added interest in the gratifying fact that M. Mésureur, to show his interest in the nursing profession, intends honoring the meetings by his official presence and that of other eminent men, and by inviting us to an official reception. This gratifying recognition will give the coming Conference an importance which is not to be overestimated.

The regular programme has been arranged by the councillors, but, in addition, a welcome is freely extended to all those persons, whether professional or lay, who are of liberal and progressive views and who desire to contribute papers. We draw only one line—that of community of ideal and purpose.

Papers thus volunteered, though there may not be time to read them, will be published in the "Transactions," as will also discussions, in so far as these are helpful and instructive. Details and addresses may be found in "Official Announcements" of this month.

L. L. Dock, Secretary Int. Council of Nurses.

ITEMS

THE "Hospital," which has always been an intensely virulent opponent of organization on a self-reliant, self-ruling, and independent basis among nurses, is greatly disturbed by the news of the coming Conference in Paris. It has written a series of editorial attacks which are without a doubt unique in journalism, or, perhaps, only the recent municipal campaign in Chicago can show their parallel. Few American nurses read this paper, and those who do, do not form their opinions by it. It is not, therefore, worth while to do more than note, in passing, the long history this paper has had as an opponent of every step which has tended to bring nurses forward out of the economic dependence in which it has been to the interest of exploiters to keep them.

Or old, the typical English bully, as persuasively set forth in the fiction of our childhood, was not above crushing the woman who got

in his way with his manly fist; or even, it might be, with his freedom-loving heel. But this is a civilized age. Such crude methods are now a little obsolete. It is better, now, to write editorials to make the world ask whether there are any decent journalistic ethics.

"The Pen is mightier than the Boot."



SALT SOLUTION—The use of the continuous salt solution by the bowel—as adopted by Dr. J. B. Murphy in the Presbyterian Hospital, Chicago. The patient on return from the operating room is placed immediately in Fowler's position—with the use of the back rest and pillows—a support under the knees to prevent the patient slipping down in bed is necessary. A hair knee roll held firmly by tying a strong piece of roller bandage on each side and tying to the head of the bed is usually a firm support. The irrigator containing the normal salt solution is tied securely to a standard on a level with the patient's head, low pressure is of course desired, the solution running drop by drop, one pint each two hours. The solution is kept hot by wrapping cotton around the pail, binding it on with flannel bandages and keeping it tightly covered. A bottle of hot water is kept in the pail also keeping up the temperature until the end of the two hours when renewed. Instead of the ordinary glass enema-point a straight vaginal douche point is used, the several openings allowing the solution to run more slowly and the smooth, bulb-like point being less irritating to the rectum. Every care is necessary to prevent irritation of the rectum, the continued pressure of the douche point being very aggravating to the patient. With patients afflicted with a constant tenesmus, it is necessary, in some cases, to discontinue the use of the treatment until this trouble is quieted. A high flushing is given each morning to cleanse the bowel, thus relieving the patient considerably.

This treatment as a rule is kept up about three days, sometimes a week if the condition of the patient warrants. Pads made of cotton, the rubber ring and pillows under the back, are used for the comfort of the patient as the position when used night and day is very apt to become trying. The treatment is used chiefly for stimulation and the relief of thirst.—*Miss Crawford, in the Illinois Training-school Alumna Report.*

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

EDITOR AMERICAN JOURNAL OF NURSING: To the members of the "Nurses Associated Alumnae" who are to be entertained by the "Nurses of Virginia" on a trip down the James River to Norfolk, and the Jamestown Exposition.

We, the undersigned nurses of Norfolk and Portsmouth extend to you a hearty invitation to write to us, and avail yourselves of any information that we can give you in regard to securing accommodation during your stay in this vicinity.

As many of the members of the committee as possible will attend the convention, and, will meet the boat on its arrival in Norfolk.

We will also be prepared to act as guides to hotels, etc., or give any necessary information. Miss M. M. Martin, 167 Botetout St., Norfolk, Va.; Miss Christine M. Campbell, 409 Waverly Boulevard, Portsmouth, Va.; Miss Newton, Supt. Sara Leigh Hospital, Mowbray Arch, Norfolk; Miss Moss, Supt. Kings Daughters Hospital, Portsmouth, Va.; Miss Nason, Kings Daughters Nurse, Norfolk, Virginia; Miss Reta Fitzhugh, Court St., Portsmouth, Va.; Miss Eakins, Supt. St. Christophers Hospital, Freemason St., Norfolk, Va.; Miss Katherine Gilbert, St. Vincents Hospital; Miss Millechamp, Sarah Leigh Hospital, Norfolk, Va.; Miss McGoldrick, Norfolk Eye and Ear Sanitorium, Granby St., Norfolk; Miss Brickhouse, Protestant Hospital, Norfolk, Va.; Miss Lily Walker, Protestant Hospital, Norfolk, Va.; Miss Countesse Seawell, Bute St., Norfolk, Va.; chairman of committee, Mrs. S. T. Hanger, 7 Waverley Boulevard, Portsmouth, Va.

THE THREE YEARS' COURSE

DEAR EDITOR: I have just read and enjoyed the "Editorial Comment" in the April number. I think that a three years' course in hospital work is best, and I may add that I believe the "training-days" in a hospital are the happiest nursing days. The small sum paid to nurses is very helpful, and I know many nurses who never would have trained had they not had that small salary, for they were able to make

it cover all expenses, of uniforms, as well as personal expenses. I think there would be more probationers were the salary still paid by the hospitals.

Sometimes I think that we are running too much to "education," and as I have heard nurses express it, the elevating of our profession. Discipline and work in the wards of a hospital are beyond criticism, the greatest training, I believe, in the world. Some book learning is, I know, necessary. But there is a strenuous tone in everything at present, we get a habit of taking things too seriously. I really think it would do us good to take stock and see where we are, and what wonderful work has been done and is being done towards the successful training of nurses. I should like to see more time given to making the lives of the nurses pleasanter, also what is being done for sick and tired nurses, and for those in the large cities who have fallen in the struggle and have gone to the wall. I have for a long time felt that there is a great and terrible responsibility among us for one another.

The training-school like all schools but begins our education and life, therefore, a high moral tone should prevail. Nurses should learn all through their training to watch themselves lest they be careless. Carelessness so soon becomes coarseness, and so lowers the tone of their work.

Sometimes I think the test of a nurse's life is so hard, the demands sometimes too great, that the nurse either stands or falls. Falls come often from failure of physical strength, too. A little of a drug so easily gives rest and forgetfulness,—*too easily*. The temptations of a nurse's life are terrible. Only those who have been lonely and overtired know. But the nurse who comes through it all is *pure gold*.

ANNIE VANBUSKIRK,

Graduate Montreal General Hospital.

DEAR EDITOR: Apropos of "An Open Question," having been connected, for years, with a large training-school that offers a three years' course, I cannot resist giving my experience.

The change, from a two to a three years' course, was made after my training was completed, but as a graduate head nurse I had all the advantages personally, and ample opportunity to study the effect upon the pupil nurse. The result of the broader training in theory and practice was most satisfactory.

Upon graduation nurses are better qualified for all lines of work. The majority discover the special line of nursing to which they are best

adapted and since the trend of the times is to specialize, this is a great advantage to them and to the public.

Among a large acquaintance, I know no *good* nurse who does not appreciate to its full value the three years' course and who would not consider a return to the old system a retrogression.

Just a word of appreciation for the body of able women who have borne (and are still bearing) the brunt of this, as well as all, the great advance movements.

It seems in this warfare for the highest and best in our profession that no fort is ever taken but that there is constant battle ever after to keep it. There is a great army of nurses who cannot "Blaze New Trails" but can follow closely those who do.

Even those among us who are almost Oaserized, have hearts that are fresh and full of enthusiasm and welcome with open arms all changes in our own school and our profession that are along the lines of progression.

J. C. B., R.N.

TIME TO SPEAK

"In Mrs. Kinney's letter in the February JOURNAL she has thrown down the gauntlet to the nurses who feel so strongly that the present status of army nurses is intolerable."

"Has not the time arrived for those women who know whereof they speak to express themselves? Is it entirely the question of ranking with the common soldier, which certainly is distasteful enough, or some equally important reason?"—AMERICAN JOURNAL OF NURSING, March, 1907.

A certain doctor, in a recent address to his colleagues, made some remarks which so admirably apply to the attitude of nurses who are or have been members of the Army Nurse Corps that I venture to quote him. He says:

"There is need to arouse our professional conscience," as well as "to inform our professional intelligence with regard to this subject."
* * * "In the present confused situation the danger is not from open and avowed enemies, but from ignorance and treason in our own ranks"—I should like also to add incidentally one more source of peril, i.e., "our friends!"

It is indeed time to have done with covert sneers—with feints at parry and thrust—stabbing in the back,—and to come out into the open. It is just, neither to the Army Nurse Corps nor to the nurses at large

who may be possible applicants, that the assaults should be vague and hazy, or that these should be answered by generalities. Let those "who feel so strongly" (always assuming there must be such) come out and state exactly in what particulars they, personally and individually, have found "the present status of army nurses to be intolerable." Let those who have "been ranked with the common soldier" state over their signatures *how, when, where* and by whom this was done. We do not wish to hear from "soreheads" who have been discharged for cause, or who have been refused reappointment because their previous service was unsatisfactory (and there are numbers of both classes). But let some of the many who have had long service and been discharged at their own request be heard from. Then and only then will it be possible for those "who know" to offer some explanation which will be satisfactory, lucid, and fair to all. Let the decks be cleared for action. Not as Superintendent of the Army Nurse Corps, but as a nurse who has worked in army hospitals—one "who knows"—I am willing and glad to fire the first shot. I deny that there are *any* conditions in our corps to which the term *intolerable* can justly be applied. I deny that army nurses are "ranked with the common soldier." There will always be some nurses who will choose their associates (and even their life partners) from among the enlisted men. "One swallow does not make a summer"—nor yet "a drink." I positively assert that the only time our nurses are so classed is when they *rank themselves* with the "common soldier." It may not be out of place to add just here, if none but well-bred, well-educated, dignified and self-respecting women had been allowed to graduate from nurse training-schools, the Army Nurse Corps would not include among its members any who had not all these essential qualifications. I also know that the nurse corps has no monopoly of the perplexities arising from the fact that all trained nurses do not possess all these attributes.

The recent difficulty in filling the corps has not been entirely attributable to "lack of applicants." The requirements for members, laid down by the Surgeon General, has had a good deal to do with the paucity in the numbers of acceptable ones. During the fiscal year ending June 30, 1906, there were 346 applications for admission, from which 36 appointments were made. Of these 6 had had previous service (see Report Surgeon General, 1906). Regulations require that no nurse shall be eligible who is under a certain age; nor who is under a certain height; who has had a laparotomy; whose feet are not normal; whose teeth are not in good order; who has any inherited tendency to disease; whose thorax shows "flattening" or "insufficient mobility;" the imperfections of whose eyesight are not correctible; whose hearing is

defective; whose general physical condition is such that her powers of endurance or resistance may properly be questioned; and her professional qualifications are not less carefully scrutinized. No graduate from a hospital of less than fifty beds is acceptable; nor one from a private sanitarium, nor from hospitals for the insane, unless her course has been supplemented by at least six months in some large general hospital. She must be recommended by the superintendent of the school from which she graduated. The hospital records must show that her deportment, health and work were satisfactory during training. If trained under a former superintendent of nurses, her indorsement is also required. And finally a nurse must agree to serve at least three years—"Aye, *there's* the rub!" It is this which has been found to be the greatest stumbling-block in the path of would-be army nurses. Parents will not give consent, and naturally enough, daughters hesitate to go without it. Some find the conditions of their lives such that they cannot go for so long a time: a mother's frail health; a father's loneliness; or little children's needs prevent many. It is really a small proportion of the people in the world who are really foot-free to come and go as they please.

It appears that the nurse corps is no more seriously handicapped than are the great training-schools, which feel they must shorten their course because of the difficulty of getting suitable applicants, who will give the time to the longer course.

The following data furnish a significant commentary on the "intolerable" conditions said to exist in the nurse corps. If the charge be true, then must these faithful ones be martyrs or fools. The records of the Surgeon General's Office prove conclusively that they are far from being either. "By their fruits ye shall know them."

There are at present in the nurse corps:

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|--|---|---|---|---|---|---|--------------|---|---|---|---|---|
| 5 nurses who have served 8 years (3 continuously, 2 interrupted service) | | | | | | | | | | | | |
| 8 | " | " | " | " | 7 | " | (3 | " | 5 | " | " |) |
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| 5 | " | " | " | " | 5 | " | (3 | " | 2 | " | " |) |
| 2 | " | " | " | " | 4 | " | continuously | | | | | |
| 3 | " | " | " | " | 3 | " | " | | | | | |

From the above it will be seen that 21 per cent. of the nurse corps has been practically a stable body for more than seven years; 5 per cent. more has been stable for about four years. These figures do not show the many, now out, who have had long and happy service, and it is no stretching of the truth to say that of these there are hundreds.

The corps at the present writing is full; there is a sufficient waiting list, and the usual number of applicants for admission.

DITA H. KINNEY,
Superintendent, Army Nurse Corps.

MY DEAR EDITOR: It is difficult to understand how Mrs. Kinney could write as she did in the February number of THE AMERICAN JOURNAL OF NURSING. Of course, it is easy to understand why, in her present position, it would be impossible for her to give utterance to different sentiments, but it certainly seems that in a matter of such vital importance to her profession silence on her part would be the better policy.

The letter, at first glance, appears quite logical and, to those unacquainted with real conditions, fair, just and quite in keeping with the proper state of affairs in the nurse corps. It, however, contains a few inconsistencies and misleading features that, in justice to our cause, should be made clear and the writer is asking for a few lines of space in which to make at least an attempt at pointing them out. The writer has no burning desire to "rush into print," and, having received a telegram from the Surgeon General offering her reappointment less than a year after her resignation, she cannot be classed with the alleged disappointed ones referred to in Mrs. Kinney's letter, but this is a subject on which every right minded nurse possessing an "articulate voice" should make herself heard.

In the first place, every soldier knows that no one *under contract* in the army is taken into account as in any way influencing the ranking of *enlisted soldiers*—in which latter class the nurse now is. In fact, the lowliest private in the army considers that he takes precedence over a "contract," hence that argument is counted out. It was *that* state of affairs regarding a "contract" that gave zest to our effort to have the nurse corps established in the first place. We, who have been in their place, know what contracts are and where placed in the army, if any one knows. The same argument applies to dental surgeons and veterinary surgeons, if indeed they must be considered before the nurse!

As to the stress laid upon the matter of rank in the army, few nurses have any interest in the subject for any personal pride they might have in profiting by "promotion with rank." It is the *principle* for the recognition of which we are striving. Why should not a nurse who proves her superior ability by being able to hold the position of chief nurse of a hospital or head nurse of a ward have that ability recognized just as the same ability to command and direct is recognized in the other army

corps? Why should not the nurse corps be organized on the same lines as any other corps in the army? It is the establishment of a difference between *enlisted nurses* and *other enlisted soldiers* that we resent.

Why may not the superintendent of a general hospital or the head nurse of a ward be recognized as on equal social footing with the wife of a captain or of a lieutenant?

From Mrs. Kinney's sentence at the close of her paragraph about the "great gulf" one would suppose that there was a choice of associates permitted the nurse from *either* side of the gulf, but not from *both* sides. This is misleading. The writer has it from the lips of an officer's wife that they, the officers' wives, have no association whatever with the women of the nurse corps—not any more than they have with the wives of privates. This is the social side that we resent. No class of people recognize and understand the "great gulf" between officers and others better than nurses, who are brought up to it from their first days as probationers to their graduating day, the difference of a few hours in seniority sometimes fixing a "gulf" quite as wide as would be fixed by the difference of a year; but we cannot see why officers of the nurse corps may not associate with other officers or with their wives—nor can we see why there should be no "officers of the nurse corps." There is the matter in a nut shell.

Not that nurses are caring so much for such association, because most nurses in the army are too busy to think much about whether they may or may not have it; but when they are brought up to face the fact that they *may not* they resent it and want the principle of right in the matter recognized. The argument about rank in Australia is answered by Canada's recent act.

That is a pretty plea about many "truly loving country" and "caring more for what they give than what they receive," but it contrasts badly with the advantages of the service held out by Mrs. Kinney. What really patriotic nurse enlists for a "trip around the world" or to have "easy patients to care for"?

EVANSTON, ILL.

V. P.

[We are of the opinion that this writer has touched a vitally important point in the situation.—Ed.]

DEAR EDITOR: Permit me to accept your challenge and to testify to that which I know and have seen. I would urge upon all other nurses, particularly those "who feel so strongly that the present status of army nurses is intolerable" to speak out. Now is the accepted time to make

known the cause of their dissatisfaction, or else forever after hold their peace.

As one who has had four years of continuous service the writer feels that she is one of those who may be said to "know whereof she speaks." To say members of the Army Nurse Corps are considered as "ranking with the common soldier" or that any conditions (the status of the nurses or anything else) are "intolerable" is certainly untrue. That some things might be bettered no one denies, but to make such sweeping statements as are above quoted is a manifest injustice to the nurse corps as a body, the individuals who compose it, and most of all to those graduate nurses all over the country who know of the nurse corps only what they read in the magazines.

I was a member of the Army Nurse Corps from April 22, 1902, until July 5, 1906, and was discharged at my own request. Not for one instant during that time was I ever classed with the enlisted men. On the contrary, I received every courtesy and consideration from the Commanding General down through all grades of other line and staff officers. If there are nurses who have been treated otherwise I say without hesitation the cause lay with themselves, and the fault was their own.

After an absence of eight months, part of the time spent in a civil hospital, I am only waiting a vacancy to be reappointed to the dear old nurse corps of the United States Army.—"With all thy faults I love thee still."

KEOTA, IOWA.

MARIE RIORDAN

DEAR EDITOR: In your editorial in the March issue of the JOURNAL you state that the status of the army nurse is intolerable.

I have been a member of the Army Nurse Corps for five years and fail to see how such a term could be applied to the position of the army nurse. Apparently a large number of nurses now in the corps are of the same opinion, as there are many who have been in the service from three to eight years. Why do they remain if what you state be true?

They are excellent nurses and women who have had a wide professional experience. It is not reasonable to suppose that they are so disinterested as to remain for years in the corps to their own disadvantage.

Many leave at the expiration of three years, go home for a rest, and to see their people, and return, after a few months of civil life.

To my mind, your statement is hardly consistent with the above facts.

DORA E. THOMPSON, R.N.,
Chief Nurse, United States Army.

Presidio of San Francisco.

DEAR EDITOR: In an editorial on the Army Nurse Corps in the March JOURNAL you say, for three years the JOURNAL has tried to find out why nurses decline to enter the Army Nurse Corps, and ask if it is not time for those who know whereof they speak to express themselves.

I have done private nursing, institutional work, and, with the exception of six months, have been in the Army Nurse Corps since 1900. So I think I may be numbered among those "who know whereof they speak." I cannot understand why nurses decline to enter the service. That army nursing has its disadvantages, none of us deny, but to my mind the disadvantages encountered in private nursing and in institutional work are far greater. In Mrs. Kinney's letter to the JOURNAL in February she says: "From those who have had a long and happy experience in its ranks"—the Army Nurse Corps—"but little is heard. It is the soreheads who rush into print." May not this have much to do with nurses declining to enter the service? If so, I think it is time for those who have had a long and happy experience to express themselves—hence this letter.

MARTHA E. PRINGLE,
(Chief Nurse) United States General Hospital,
Ft. Bayard, N. M.

THE CATHETERIZATION OF MALE PATIENTS

DEAR EDITOR: I noticed in the last edition of the JOURNAL OF NURSING, that the question of male catheterization is still before us. When I went into training, like many another young woman, I knew nothing of the care of male patients. The first few days of my probation were not spent in caring for patients, but one of the first things I was asked to do for a patient was to give a young man a bedpan. Imagine my embarrassment, and the patient was as uncomfortable as I, knowing how unpleasant it was for me. Gradually I became accustomed to caring for male patients, but it was always hard to do some of the things that a nurse is called upon to do, during her training. I agree with "R. C." that nurses should have a more thorough knowledge of the human body in both male and female, but I do not think in a hospital where there are internes and male nurses that a female nurse should catheterize a male patient, especially the class of young men and boys one is apt to meet in the wards and who cannot understand why a nurse is a nurse and what it means. It is true there are some nurses from whom the act of catheterizing a male would detract nothing—she would still be the same dignified, discreet, womanly nurse, but there are some

others who have not enough stability of character, and would be better out of a male ward. It is a very simple matter to catheterize a male patient. A nurse in training need not feel that she is not a competent nurse if she has not had it to do in her training-school. She may never have it to do in her nursing career; but if she should be on a case in the country, as I once was, with no doctor for miles around, and the patient suffering much, she would be a poor nurse indeed if, with all her general training, she could not give her patient relief.

MAY ALZADA MOTT.

MY DEAR EDITOR: In reference to the question of the Army Nurse Corps, it was suggested to me not long ago, that the fact that 80 per cent. of the cases as reported in the Military Surgeons' Magazine, are venereal cases, might have something to do with this hesitancy on the part of the nurses. I do not know how true this is, but thought I would just mention it to you, as it sounds plausible.

C. E.



BRIGHT WOMEN

IN Amsterdam a woman has been made the head of the two large municipal hospitals, with a corps of seven woman assistants. In the Pathological Institute at Berlin there is a woman, Dr. Lydia Rabinowitch, who has made herself one of the leading tuberculosis experts of the world. She was a prominent member of both the London and the Paris tuberculosis congresses, and almost every medical society in Europe has honored her in one way or another. She has published a set of books on bacteriology which are rapidly being accepted as standard textbooks.

"RESOLVED, That I have named my boat Advice so no one will take it. There have been so many boats missing around here lately. But nobody will take advice. The only man who will take advice is the man who does n't need it—you can get tons of advice when you don't need it, but directly you need it you must pay well for it."—*Buster Brown*.

It was announced recently that Mrs. Russell Sage had given \$5,000 toward the permanent endowment fund of the Hospital of the Good Shepherd in Syracuse, N. Y.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 15th of the month.]

ANNOUNCEMENTS

THE SUPERINTENDENTS' MEETING IN PHILADELPHIA.

The thirteenth Annual Meeting of The American Society of Superintendents of Training-schools for Nurses will be held in Philadelphia on May 8, 9, and 10, at the Rittenhouse, 20th and Chestnut Streets. The first session will be held on Wednesday morning at eleven o'clock. In order to allow the members to see something of the many objects of interest in this city, it has been arranged that the second session of Wednesday and Thursday will be held in the evening instead of in the afternoon.

Miss Marion Smith, superintendent of the University Hospital will entertain the Society at a tea at the University Hospital from three to five on Wednesday. Beside the many interesting departments of the Hospital, there is closely adjoining it, the Wistar Institute of Anatomy, one of the most complete and best arranged collections in the United States, and well worth a visit. The evening session will be held at eight P. M. All the sessions will be held at the Rittenhouse. The morning session on Thursday will commence at ten A. M. The evening at eight P. M. The morning session Friday will commence at nine-thirty A. M. in order to permit early adjournment at noon.

Promptly at one o'clock members are invited to assemble for an automobile trip to Valley Forge, about twenty-five miles distant from Philadelphia. Valley Forge, served throughout the winter of 1777-1778 as Washington's headquarters. The little stone house in which he lived is well preserved, and in it are many objects of interest, including personal letters, furniture used during his occupation, etc. Valley Forge is on the banks of the Schuylkill, the surrounding country being hilly and well-wooded. It can also be conveniently reached by train on the Reading Railway, 12th and Market Streets. Light refreshments will be served in picnic fashion.

Since the discussions on objects of interest to the Members of the Association have always hitherto been unavoidably cut short for want of time, the programme committee has decided on comparatively few papers, and arranged to devote one whole session, that on Thursday evening, to the question box. Members are requested to send in subjects which they consider of general interest or difficulty, briefly stated as questions. These should be mailed to the President, Miss Maud Banfield, Polyclinic Hospital, Philadelphia, as soon as possible, in order that they may be sorted and grouped as far as practicable. The name of the questioner should be attached, but this will not be read by the chairman. Three minute discussions will be invited.

THE NURSES' ASSOCIATED ALUMNÆ.

The Tenth Annual Convention of the Nurses' Associated Alumnae of the United States will be held in Richmond, Virginia, on Tuesday, Wednesday and Thursday, May 14th, 15th and 16th, 1907.

The Headquarters of the Convention will be at the Hotel Jefferson, West Franklin Street.

The Treasurer and Secretary will be at the Hotel Jefferson on Monday evening, May 13th at eight o'clock to register all delegates who present themselves.

The books will be open for registration on Tuesday, May 14th, from eight o'clock until twelve, noon, and from one to two, P.M.

The convention will be opened at two o'clock, *sharp*.

A list of hotels and boarding houses is given in the April number of THE AMERICAN JOURNAL OF NURSING.

NELLIE M. CASEY, Secretary.

PROGRAMME.

TUESDAY, MAY 14, 1907, TWO P.M. Prayer by the Rev. Robert W. Forsyth, D.D., St. Paul's Protestant Episcopal Church, Richmond, Va.

ADDRESS OF WELCOME by Ex-Governor A. J. Montague.

ADDRESS by Mrs. Wm. R. Cox, President of the Woman's Club.

EIGHT-FIFTEEN P.M. Musical Entertainment by Polk Miller's famous quartette.

WEDNESDAY, MAY 15, TEN A.M. Business Session. Address of President. Paper: Missionary Nursing in the Mountains, by Miss Maria Allen.

Question Box, in charge of Miss Isabel McIsaac. Polls will be open for depositing ballots on Wednesday at ten A.M., and will close on Thursday at one P.M.

TWO P.M. BUSINESS SESSION. Paper: Work and Overwork, by Miss Martha Smith. Paper: Almshouse Nursing: the Human Need: the Professional Opportunity. Discussion to be opened by Rev. Caroline Bartlett Crane (by invitation of the member of the Programme Committee representing Michigan).

Informal reception at the Memorial Hospital from five to seven P.M.

THURSDAY, MAY 16, NINE A.M. Session on State Work, in charge of Miss Sarah E. Sly, Interstate Secretary.

Papers and Discussions on How to Organize for Legislation; Work of Board of Examiners; Responsibility of a Registered Nurse; Practical Results of the Law.

TWO P.M. Papers: Blazing of New Trails, by Miss Theresa Earles McCarthy; Some Urgent Social Claims, by Miss L. L. Dock.

Question Box. Business Session. Adjournment.

Informal reception at St. Luke's Hospital from five to seven P.M.

FRIDAY, MAY 17. An all-day excursion from Richmond to Norfolk.

RAILROAD RATES—INSTRUCTIONS.

By instruction of the railways shown below, you are advised, that announcements of excursion fares on the so-called certificate plan have been discontinued. This final decision of the railroads has just been received. Delegates west of Pittsburg and Buffalo are therefore advised to ask for rates to Jamestown Exposition.

Ann Arbor R. R.,
B. & O. R. R.,

E. & T. H. R. R.
G. R. & I. R'y.

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| B. & O. S. W. R. R., | G. T. R'y System, |
| B. & L. E. R. R., | Hocking Valley R'y, |
| Big Four Route, | Illinois Central R. R., |
| C. & O. R'y, | L. E. A. & W. R. R., |
| Chicago & Alton R. R., | L. E. & W. R. R., |
| C. & E. I. R. R., | L. S. & M. S. R'y, |
| C. & E. and Erie R. R., | L. & N. R. R., |
| C. I. & E. R'y, | L. H. & St. L. R'y. |
| C. I. & L. R'y, | M. C. & C. R. R., |
| C. I. & S. R. R., | Mich. Central R. R., |
| C. R. I. & P. R'y (between Chicago and Peoria, via Bureau). | Mobile & Ohio R. R., |
| C. & M. V. R. R., | N. Y. C. & St. L. R. R., |
| C. H. & D. R'y, | N. & W. R'y, |
| C. N. O. & T. P. R'y, | Ohio Central Lines, |
| Cin. Northern R. R., | Penna Lines, |
| C. A. & C. R'y, | Pere Marquette R. R., |
| C. & B. Transit Co., | P. & L. E. R. R., |
| C. C. & L. R. R., | P. L. & W. R. R., |
| Dayton & Union R. R., | So. R'y (St. Louis Div.), |
| D. & B. S. Co., | T. P. & W. R'y, |
| D. & C. N. Co., | Vandalia Railroad, |
| D. T. & I. R'y, | Wabash R. R., |
| D. T. & M. R. R., | Wab. Pitta. Ter. R'y, |
| D. A. V. & P. R. R., | Z. & W. R'y, |
| E. & I. R. R., | W. & L. E. R. R. |
| | T. St. L. & W. R. R., |

Those going over other roads not on this list will note that the reduced rate will be in effect from Friday, May 10th, to Wednesday, May 15th. As the round trip rate is one fare and one third, there can be no extension of time limit of tickets. Members traveling from localities more than three days' journey from Richmond will be able to procure tickets before May 10th, but should apply to the agents several days before tickets are to be used. This is advisable, too, in small or remote districts, as certificates are not kept at all stations, and it would be necessary to purchase a local ticket to some station where the through ticket and the certificate may be obtained.

THE GOING JOURNEY.

Ask for a through ticket, one way, with a certificate; do not make the mistake of asking for a receipt. If obliged to purchase tickets over several roads, members should procure a certificate with each ticket. As the ticket for the going journey will be an "unlimited," stop-overs may be made, but none will be allowed on the return ticket except where changes of trains occur, and at those points probably one day may be allowed. The certificates should be presented to the Secretary, on Wednesday, May 15th, and called for on the evening of that day. A fee of twenty-five cents is charged by the Southeastern Passenger Association's Agent for each certificate signed by him. Tickets purchased via boat lines from New York and Philadelphia must return same route. Tickets can be purchased via rail to Baltimore, thence boat; returning same route.

THE RETURN JOURNEY.

The certificates having been viséd and signed, should be presented at the ticket office in Richmond at least one hour before the departure of the train, as it takes some time to honor certificates and issue return tickets. Further information or estimates will be sent any member on application.

The committee on arrangements announces that the nurses of Virginia have secured a very commodious steamboat for the excursion to be given the nurses of the Associated Alumnae after the close of the Convention in Richmond. The steamer "Rosedale" will leave the wharf at the foot of Main Street, Friday, May 17th, at eight A.M. Jamestown Island, the site of the first permanent settlement in America, will be reached about noon and an hour's stop made. The excursion should reach Norfolk about five o'clock in the afternoon. The boat will carry luggage. The café on board will serve breakfast and luncheon at hours to be announced at the time of the Convention.

THE PARIS CONFERENCE CALLED BY THE INTERNATIONAL COUNCIL OF NURSES.

The Council is able to announce the gratifying and important fact that the coming Conference will have the official recognition of M. Mésureur, the Director-General of the Department of the Assistance Publique of Paris, who, with some of his distinguished confrères will open the first session. On Tuesday, June 18th, the papers on Education and Training will be read; on Wednesday, the 19th, those on Public Duties and Social Responsibilities; on Thursday, the 20th, those on Professional Organization and the Nursing Press.

On Monday, June 17th, there will be a reception by Mlle. Chaptal, at the Maison-Ecole d'Infirmières privées, rue Vercingetorix, at 4.30 P.M. On Tuesday, the 18th, a reception will be given by the Municipal Council of Paris, at the Hôtel de Ville, at 4.30 P.M. On Wednesday, 19th, Mme. Alphen-Salvador will receive at the School for Nurses, 10 rue Amyot. On Thursday, the 20th, M. Mésureur will hold a reception in the Administration Building of the new College for Nurses in connection with the Salpêtrière Hospital at 4.30 P.M. On Friday, the 21st, there will be a visit to Versailles, arranged by Mme. Alphen-Salvador. On Saturday, the 22d, a visit to the Chateau of Chantilly has been arranged by the Baroness de Rothschild. A farewell banquet will close the functions. The Hôtel du Louvre, 172 Rue de Rivoli, will be the headquarters of the Council and many members will be found there. It offers special rates of twelve francs a day (\$2.40) and is central.

The Secretary will be at the Louvre Hotel on the 17th. Before that date, after June 1st, she can be addressed through Brown, Shipley & Co., 123 Pall Mall, London.

Entrance tickets for the conference (20 cents) may be had from Miss Breay, 431 Oxford Street, London, from now on stamps may be sent, as they can be exchanged, and at the time of the conference from the secretary, or at the door of the meeting place.

Meetings will be held in the great hall of the Musée Social, 5 rue Las

Cases. The great courtesy and kindness of the Directors of the Musée Social have prompted them to place this beautiful hall at the service of the conference without charge.

LAVINIA L. DOCK, Secretary, International Council of Nurses.

A NEW CANADIAN ASSOCIATION.

On March 30th, 1907, a Canadian Society of Superintendents of Training-Schools for Nurses was organized with thirty-six active and eight associate charter members. This list embraces superintendents of nursing schools extending from Newfoundland and Halifax, N. S., on the east to Vancouver, B. C., on the west.

The officers are as follows: M. A. Snively, president, Toronto; N. G. G. Livingston, first vice-president, Montreal; A. Macfarlane, second vice-president, Vancouver; L. Brent, secretary, Toronto; M. L. Meiklejohn, treasurer, Ottawa. Council: M. R. Macdonald, Halifax, N. S.; M. Wilson, Winnipeg, Man.; M. McIsaac, Edmonton, Alta.; G. Molony, Quebec, Que.; A. Chealey, Ottawa, Ont.; E. M. Patton, Toronto. Auditors: F. Sharpe, Woodstock, Ont.; E. Stanley, London, Ont. Executive Committee: C. Green, Belleville, Ont.; A. J. Scott, Kingston, Ont.

It is hoped that the Society will embrace many American superintendents and members.

The first regular meeting will be held in Montreal on September 11th, 1907, when it is hoped to have some of the American members present.

THE RED CROSS.

The District of Columbia Branch of the American National Red Cross commenced on March 26th a special course of lectures with practical demonstrations of field hospital work, for the benefit of the enrolled nurses of the Branch. The subjects are as follows:

FIRST LECTURE: General outline of the organization of the army in time of war and that of its medical and sanitary service.

SECOND LECTURE: The regimental hospital; the ambulance section; the field hospital; the base hospital; other hospitals and stations.

THIRD LECTURE: Medical and sanitary service of camps and on the march.

FOURTH LECTURE: Service in battle at the front.

FIFTH LECTURE: Service in battle at the rear.

One afternoon will be devoted to the practical demonstration of the field hospital. This will be done at the conclusion of the course as detailed above. An opportunity will then be given to examine the equipment and working plan of this organization.

THE IOWA BILL.

A bill for an act to provide for the examination and regulation of graduate nurses. Also to regulate the practice of nursing by graduate nurses and to provide a penalty for the violation thereof.

Be it enacted by the general assembly of the state of Iowa:

Section 1. It shall be unlawful for any person to profess to be a registered nurse without first obtaining from the state board of health a certificate au-

thorizing him or her to practice nursing in this state, except as hereinafter provided.

Section 2. At the annual meeting of the state board of health it shall select two physicians from its own membership, and two graduate nurses, residents of this state, actively engaged in the practice of nursing, who, together with the secretary of the state board of health, shall constitute the examining committee for the year. The examinations provided for in this act shall be held in the city of Des Moines in July of each year and at such other times and places as the board of health shall direct. All applicants for certificate to practice nursing shall have attained the age of twenty-three (23) years and shall be of good moral character. They shall be graduates of training-schools recognized as being in good standing by the state board of health of Iowa, and shall have received at least two (2) years' instruction in general hospital practice. After July 1st, 1910, no training-school shall be accredited by the state board of health as a school of recognized standing which is not attached to a general hospital and which does not have a course of study of at least three (3) years. All graduate nurses who are residents of the state and who have been engaged in the practice of nursing prior to the passage of this act, shall be granted a certificate without examination upon the payment of the registration fee of five dollars (\$5.00), and the same rule shall apply to all nurses who graduate from a recognized school prior to July 1st, 1907. Nurses holding diplomas from hospital training-schools of recognized standing, upon application to the secretary of the state board of health, shall be granted a permit to practice until the first examination of the board following the issuance of the said permit.

Section 3. After the passage of this act, any person who is not exempt from examination by section two (2) of this act and who shall apply for a certificate to practice nursing shall be examined in the following subjects: Hygiene, anatomy, physiology, materia medica, dietetics, practical nursing, medical and surgical nursing, obstetrics, nursing of children and the rules and regulations of the state board of health relating to infectious diseases and quarantine and such other subjects as the examining board may require from time to time. Each applicant shall pay the secretary of the state board of health a fee of five dollars (\$5.00). If the examination be satisfactory to three members of said committee it shall so report to the state board of health; if the board find the report and ratings correct, it shall authorize its president and secretary to issue a certificate to the successful candidate for which such candidate shall pay an additional fee of one dollar (\$1.00). This certificate shall confer upon the holder the right to practice as a registered nurse, and be conclusive evidence thereof. The state board of health is empowered to recognize certificates issued to nurses under the laws of other states having substantially similar requirements to those existing in this state; provided, that such states recognize the certificates issued by the state of Iowa; then certificates issued by authority of such other states may be deemed sufficient evidence of qualifications of the licentiate without further examination for certificate in this state; the fee for such certificate shall be ten dollars (\$10.00). The holder of such certificate provided for in this act, shall cause the same to be registered in the office of the county recorder of the county wherein he intends to reside.

Section 4. No person, after January 1st, 1908, except one holding a certificate under authority of this act shall advertise to be or assume the title of registered nurse or use the abbreviation "R. N." or any other words, letters

or figures to indicate that the person using the same is a registered nurse, and it shall be unlawful for any graduate nurse to practice nursing as a graduate or registered nurse in the state of Iowa without first having registered under this act.

Section 5. This act shall not apply to any person nursing the sick with or without pay who does not in any way assume to be a registered or graduate nurse.

Section 6. The board of health may refuse to grant, or renew, any certificate provided for in this act, to a person otherwise qualified, who obtained said certificate by false or fraudulent representation, or for immoral or unprofessional or dishonorable conduct, or for willful or repeated violation of the rules and regulations of the state board of health; and the board may revoke any certificate issued by it, for any such or similar cause; provided, that before the revocation of any certificate issued under the provisions of this act, the licentiate shall have been afforded an opportunity for a hearing before the board. At least twenty (20) days prior to the date set for such hearing, the secretary of the state board of health shall cause written notice, under the registered mail, to be sent to the licentiate at his last known place of residence; said notice shall contain a statement of the charges, and the date and place set for the hearing before the board. If the party thus notified fails to appear, either in person or by counsel, at the time and place designated in said notice, the board may, after receiving satisfactory evidence of the truth of the charges and the proper issuance of the notice, revoke said certificate. If the licentiate appear, either in person or by counsel, the board shall proceed with the hearing as herein provided. The board may receive and consider affidavits and oral statements, and shall cause stenographic report of the oral testimony to be taken, which, together with all other papers pertaining thereto, shall be preserve for one (1) year. If five (5) members of the board present at the hearing are satisfied that the licentiate is guilty of any of the offenses charged, the certificate shall be revoked, for such time as the state board of health may determine.

Section 7. Each member of the examining committee, except the secretary, shall receive for his services out of the funds created by the payment of fees by applicants for examination such compensation as is allowed to the members of the state board of medical examiners for like services and the secretary shall receive his necessary expenses incurred for services which cannot be performed at the capitol. All printing, postage and other contingent expenses, necessarily incurred under the provisions of this act shall be paid from said fund. All expenses incurred under the provisions of this act shall be itemized, verified, and audited and a warrant drawn therefor on the nurses' fund in the same manner as other expenses of the state board of health.

Section 8. Any person who shall knowingly violate any of the provisions of this act, shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined a sum not exceeding one hundred dollars (\$100.00) or imprisonment in the county jail for not to exceed thirty (30) days.

STATE MEETINGS.

MASSACHUSETTS.—The Massachusetts State Nurses Association held a meeting in New Bedford on March 20th. Prayer was offered by the Rev. M. C. Julien, and a very hearty welcome was given to the Association by Miss Noyes.

Miss Riddle said some people have erroneous ideas about state registration. It will give the sick public better nurses, keep training-schools up to the standard and thus assure pupil nurses of getting the right amount of instruction, but it will not change the character of the nurse. Some wise people think we are not ready for state registration because the public has not seen the necessity for such a law. This might be taken as a compliment to Massachusetts nurses. One reason for failure in securing state registration is that we have not made the personal effort we should. We are timid and slow to speak. However we are not discouraged, but consider the outlook cheerful.

Dr. S. D. Preabrey, of Taunton, said Massachusetts doctors had a hard fight to get state registration. They were told, by those who opposed them, that medicine was not an exact science, and therefore doctors should not be registered. The doctors wanted registration in order to protect the public from the half-way doctor. The quack is an imposition on the public but not on the doctor. Nurses should be registered for the same reason. In order to get public opinion on their side nurses must prove to the public by their work that registration is needed. Get registration, even if you have to sacrifice some points, and raise the standard later.

A question box proved to be a very interesting part of the programme. The question of training-schools returning to a two years course brought forth an animated discussion, the majority being strongly in favor of a three years course.

It was voted unanimously to make *THE AMERICAN JOURNAL OF NURSING* the official organ of the Massachusetts State Nurses' Association.

After a vote of thanks to our speaker and entertainment committee, the meeting adjourned and refreshments were served.

Miss Clara D. Noyes, Superintendent of St. Luke's Hospital, New Bedford was chairman of the committee on arrangements.

INDIANA.—The fourth semi-annual session of the Indiana State Nurses Association as held at Evansville, Indiana, April 3 and 4, 1907, in the First Cumberland Presbyterian Church. The meeting was opened with prayer by Rev. Wiggington. The addresses of welcome were given by Dr. James Welburn, in behalf of the physicians and board of health, and by Miss Allie Butler, president of the Evansville Association, in behalf of the nurses. The addresses were most cordial, and were responded to in the same manner by the State Association's president, Miss Edna Humphrey, of Crawfordsville, Indiana.

There were three original papers by the resident nurses and all were interesting and practical: "The Training-school and its Pupils," by Miss Cora Goldsmith; "Some Points about our Profession," by Miss Allie Butler; "Nursing as a Profession," by Miss Fannie Clark. Dr. Will Gilbert gave a paper upon "The Mission of the Modern Hospital," and Dr. Edwin Walker a paper on "Benefits of Association, Local and General."

A reception was given on the night of April 3d in the Young Men's Christian Association parlors, which was quite informal and thoroughly enjoyed. After the business session on Wednesday there was a trolley ride of several miles into the country to "Woodmere," the southern Indiana Hospital for the Insane. Visits were also made to the hospitals and sanitariums in the city.

Association work is quite new to the nurses in Evansville, as they have but

recently organized a city association and are not yet affiliated with other societies. They have about forty-five members and proved beyond a doubt to the visitors from the Indiana State Nurses Association that they are earnest, practical women and that they will be heard from in the future.

PENNSYLVANIA.—The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will meet at Reading, Pennsylvania, on Wednesday, Thursday and Friday, May 29, 30, and 31. The headquarters will be at the Mansion House, in the parlors of which the several meetings will be held. The first meeting will be on Wednesday afternoon at two o'clock. To this meeting all friends of the association are invited. It will be followed by an executive session. Other executive sessions will be held on Wednesday evening, from seven-thirty to nine-thirty, and on Thursday afternoon at three. At this meeting a question box will be held for the benefit of any members who have questions which they desire answered. Membership cards must be presented for admission to all executive sessions. Members are requested to send to the secretary without delay any recent changes of address. The Mansion House and the Hotel Penn, American plan, \$3.00 per day, are both recommended.

COLORADO SPRINGS, COLORADO.—A special meeting of the Colorado State Trained Nurses Association was held on April 2d, 1907, for the purpose of choosing a delegate for the Associated Alumnae. It was voted to send Louise Croft Boyd to represent Colorado at the meeting in Richmond, Virginia, in May.

MINNESOTA.—The Minnesota State Graduate Nurses Association held its semi-annual meeting in Minneapolis, Tuesday, April 9, at two-thirty p. m. in the mayor's reception room. The president was in the chair. There were about fifty present.

The president reported that the bill had passed both houses and had gone to the governor for his signature. There was no reason to believe that he would veto it. The house committee had amended section 2, making the examining board to consist of one physician and four nurses. The nurses then proposed an amendment requiring that, after the appointment of the first board all further appointments of nurses should be from nurses registered under this act. This was accepted and passed. The age of the nurse applying for registration had been lowered from twenty-three to twenty-one before the bill was introduced, at the request of Senator Witherstine who had charge of the bill.

Further business transacted at this meeting was electing a nominating committee to select a ticket for officers and board for the next year; placing an assessment on each member to pay all legislative expenses; voting to raise the dues two dollars to take effect after the annual meeting in October in order that they might publish a magazine; and the selection of the names of eight nurses and four physicians to be sent to the governor with the request that the nurse board of examiners be appointed from that number. The meeting adjourned until October.

REGULAR MEETINGS.

ST. JOSEPH, MO.—The graduate nurses of the Ensworth Deaconess Hospital, St. Joseph, Mo., held a meeting on the evening of January 30, 1907, at the Nurses' Home, and organized an Alumnae Association.

The following officers were elected: President, Miss Edith Byers; vice-president, Miss Mary Asson; secretary, Miss Sue Arnold; treasurer, Miss Lorena Hales.

PUEBLO, COL.—The Pueblo Trained Nurses Association held its annual election of officers on March 2, 1907, the result being as follows: President, Miss L. A. Beecroft; first vice-president, Miss D. A. Bowzer; second vice-president, Miss M. S. Prifoars; recording secretary, Miss V. V. Kahler; corresponding secretary, Miss A. A. Murphey; treasurer, Miss R. Chaplin. The Association has issued business cards for the benefit of those in private practice, giving the name, address and telephone number of each nurse. The Association reports growth and interest.

DENVER, COLORADO.—The first annual meeting of the Alumnae Association of the Colorado Training-school for Nurses was held in the class room of the Nurses' Home on April 9, 1907. The following officers were elected for the ensuing year: President, L. M. Fowler, superintendent of nurses of the school; first vice-president, H. L. Corey; second vice-president, M. M. Durkin; secretary, S. Williams; treasurer, A. R. Barney; historian, H. S. Thompson.

COLORADO SPRINGS, COLORADO.—At the annual meeting of the Nurses' Registry Association, held on April 3, 1907, the following officers were elected: President, L. L. Hudson; vice-president, C. Balkam; secretary, J. Stewart; treasurer, J. J. Shea.

NEW YORK CITY.—The New York Hospital Alumnae Association held its annual meeting on April 10 and elected the following officers: President, Mrs. C. V. Twiss; vice-president, Miss I. H. Sutcliffe; recording secretary, Miss A. B. Stewart; corresponding secretary, Miss L. M. Wygant; treasurer, Miss M. A. Smith; trustees, Miss Benz, Miss Ryerson and Miss Jordan.

The association has paid \$570.00 in benefits to members from its fund for sick nurses. The club house has had serious difficulties—an elevator accident in which Miss Higinbotham lost her life, and a fire which destroyed much of the nurses' property and rendered a floor uninhabitable for weeks—yet its vitality seems unimpaired. The running expenses for 1906 were \$23,003.47. A modest sheet of alumnae news has been published for the members.

BROOKLYN, N. Y.—A special meeting of the Alumnae Association of Nurses, Kings County Hospital, Brooklyn, was held at the Nurses' Home on Tuesday, March 12, 1907, for the purpose of electing officers for 1907. Those elected were: President, Miss Mary Birnie; first vice-president, Miss Lucy Treadway; second

vice-president, Miss Julia Donohue; treasurer, Miss Ada Newbold; secretary, Miss Roberta E. Gregg. The meeting adjourned until Tuesday, April 2, 1907.

The regular quarterly meeting of the Alumnae Association of Nurses of the Kings County Hospital, Brooklyn, was held at the Nurses' Home on Tuesday, April 2d, 1907, at three-thirty, P.M. The meeting was well attended, the president, Miss Birnie, brought many subjects before the members for discussion. The matter of forming a registry in Brooklyn for all nurses in Kings County was fully discussed, and a committee appointed to look after the matter. Miss Birnie was appointed delegate to go to Richmond to attend the annual meeting of the Associated Alumnae. The chairmen for two of the standing committees were appointed: Nominating Committee, Miss Helen L. Bailey; Visiting Committee, Miss Jennie Sheffield. The meeting adjourned until Tuesday, July 2, 1907.

BROOKLYN, N. Y.—The regular monthly meeting of the Brooklyn Hospital Training-school Alumnae was held April 2. Miss Mason, chairman of the Club-house Committee, reported that the house at 255 Carleton Avenue had been rented for two years and would be opened as a club-house and registry early in May. The Misses Madden and Sweeney were appointed delegates to the Nurses' Associated Alumnae Convention to be held in Richmond, Va., in May.

BROOKLYN, N. Y.—At the annual meeting of the Long Island College Hospital Alumnae Association of Nurses, held April 9, 1907, the following officers were elected: President, Miss M. A. Hoge; first vice-president, Miss M. Decker; second vice-president, Miss E. Hall; treasurer, Miss R. Kelley; recording secretary, Miss M. Beyer; corresponding secretary, Miss J. E. Wiley; directors, Miss V. A. Monck, Miss Signa Johnson, Miss Ryer, Miss Slingerland, and Miss McCarthy.

BROOKLYN, N. Y.—The Nurses Alumnae Association of the Methodist Episcopal Hospital held a very successful sale of cake and fancy articles on March 27th. The proceeds went toward the endowment fund for sick nurses. The nurses also contributed voluntary Easter offerings for this fund.

SAVANNAH, GA.—Fourteen nurses, graduates of the Park View Sanitarium, met at the residence of Mrs. M. S. Morel, 319 Charlton Street, East, March 30, 1907, and formed an Alumnae Society. The society was organized for the purpose of stimulating social intercourse between the graduates of the Sanitarium and also for keeping a registry of the nurses so that they may be reached at any time. The society meets the first Thursday in every month. The officers elected are: President, Dr. A. B. Simmons; vice-president, Miss V. S. Borden; secretary-treasurer, Mrs. M. S. Morel.

BALTIMORE, MD.—The Nurses Alumnae Association of the University of Maryland gave an entertainment by Polk Miller and his "Old South Quartette" on Friday evening, April fifth, to help pay the salary of the tuberculosis

nurse who is supported by the Maryland State Association. The salary of this nurse has been paid by the members of the State Association for the past year. She is doing efficient work, principally among the operators of the cotton mills, with a visiting list of one hundred and seventy-five patients. Two hundred and fifty dollars were cleared by the entertainment.

NEWARK, N. J.—The Nurses Alumnae Association of the Newark City Hospital gave a progressive whist party in the parlors of the Nurses Home, 116 Fairmount Avenue, on the evening of March 18. The home was decorated with green shamrock and the walls were hung with the American and Irish flags.

ORANGE, N. J.—A regular meeting of the Alumnae Association of the Orange Training-school for Nurses was held at the Nurses Home, 68 Henry Street, Orange, on Wednesday, March 20, at three p.m. Two delegates were elected to attend the convention at Richmond in May, and the question of a central registry for nurses was discussed.

WORCESTER, MASS.—The Worcester City Hospital Alumnae Association at a special meeting in March elected the following officers for the coming year: President, Miss Ida Taber; vice-president, Mrs. Simeon Smythe; secretary and treasurer, Miss Ada F. Wood; consulting committee, Miss Sarah L. Nourse and Miss Katharine Maguire; sick committee, Miss Bertha Cook, Miss Mary Toothacre and Miss Helen Casey.

The Alumnae of the Grant Hospital Training-school held their regular monthly meeting Wednesday, March 20. After the business meeting there was a delightful and instructive talk by Doctor E. S. Lewis, of the First Methodist Church, on the place held by faithful nurses in the hearts of patients and their friends. Following this was a reception to all of the nurses in the city. The various departments of nursing were well represented, as well as other schools. The purpose of the meeting was to promote a larger feeling of good-fellowship among nurses. Delightful music was furnished by Mr. Arthur Kellog. Dainty refreshments were served, and there were many expressions of gratification and good-will toward the Hospital, the School and the Alumnae.

PERSONALS

Mrs. Ross is to spend the summer abroad, sailing from New York at the end of April.

Miss JOHNSTONE, superintendent of St. Luke's Training-school, Chicago, has been seriously ill, but is now improving.

Miss FREDERIC, of the New York Hospital Training-school, slipped on the ice this winter and fractured her hip. She has been a patient in the hospital for many weeks.

Miss CELESTE MANION, Class 1900, Faxon Hospital, Utica, N. Y., began her duties as head nurse of operating room and superintendent's second assistant on February 1st, 1907.

MISS ALICE ISAACSON, of Cedar Rapids, Iowa, has accepted the position as head nurse of the maternity department of Evanston Hospital, Evanston, Ill., and will take charge April 24th.

MISS ANNA COLE, graduate of the Paterson General Hospital Training-school, class of 1907, has been appointed operating-room nurse in her own hospital. Miss Cole entered upon her duties April 1st.

MISS CULBERT has resigned her position as night supervisor at the Methodist Episcopal Hospital, Brooklyn, owing to ill-health. Mrs. Perison is temporarily filling this position until a permanent supervisor can be found.

MISS MARGARET SHERWOOD, graduate of the Paterson General Hospital Training-school, class of 1900, has been appointed assistant superintendent of her own school. Miss Sherwood entered upon her new duties April 15th.

MISS HELEN BALCUM, superintendent of nurses at the University Hospital, Iowa City, has accepted the position as superintendent of Finley Hospital, Dubuque, Iowa, to succeed Miss Marie Stotz, whose marriage to Dr. Michel, of that city, is to take place at an early date.

MISS MINNIE E. SURBRAY, a graduate of the City Hospital, Akron, Ohio, and of the Boston Floating Hospital, has been appointed to take charge of the new City Hospital of Warren, Ohio, May 1st. Miss Surbray has for some time held the position of supervising nurse at the City Hospital of Akron.

MISS V. A. ANDERSON has resigned her position as supervisor of nurses of the Methodist Episcopal Hospital, Brooklyn, N. Y., and has taken up private work in that city. Miss Frost, former supervisor of the operating-room of the same institution, has succeeded Miss Anderson. Miss Frost's position is filled by Miss Stoney, of the same school.

MISS ANNE LOUISE PEARSE, St. Luke's, Chicago, the first president of the Illinois State Association of Graduate Nurses, has been appointed editor of the Illinois Quarterly, to succeed Miss I. Virginia Parkes, Illinois Training-school, who has resigned on account of failing eyesight. Miss Lucy L. Clark, also an Illinois Training-school graduate, will succeed Miss Parkes as publisher of the Quarterly. Miss Clark is superintendent of Grove House for Convalescents in Evanston.

MISS NUTTING, who is retiring from her position of superintendent of nurses at Johns Hopkins Hospital, will sail on May 4th, for Europe, where she will spend the summer in rest, preparatory to taking up her new duties at Columbia in the fall. Miss Rosa, who has for some time been Miss Nutting's assistant at Johns Hopkins, will be her successor there. This is a very just promotion and a proper reward for most faithful service.

AFTER May 1st, 1907, Miss Virginia S. Field, R.N., will care for two or three delicate or convalescent children at her own home, Cornwall-on-the-Hudson, N. Y. Miss Field is a graduate of Bellevue and a former superintendent of the Illinois Training-school. She will give the children under her care the attention they would receive in their own homes, with the additional supervision

of a trained nurse, in matters of diet and all essentials for the well-being of a child. In cases of simply delicate children, it is proved that medical attention, supplemented by the sympathetic, discriminating care of a nurse, is most valuable. Parents or guardians, during enforced absence, or prolonged illness, may here find home surroundings where these conditions may be realized.

MISS E. EUGENE HIBBARD, who has been in charge of the Isthmian Canal Nursing Service, resigned her position recently, and has been resting at her home in New Hampshire. The early work of the Canal Service has been largely along the lines of organization,—the building up and perfecting a good nursing service. Miss Hibbard's work in the past has been largely in that direction and she was well fitted to undertake this. Now that the constructive period is past, she has given it into other hands.

MISS MAY GRIGG, R.N., Class 1899, S. R. Smith Infirmary, Staten Island, resigned her position as assistant superintendent and supervisor of nurses of that hospital on March 15th, to return to private duty on Staten Island. Miss Grigg is succeeded by Miss Nellie Goodhue, R. N., graduate Royal Victoria, Montreal, class 1896, recently supervisor of probationers, Lakeside Hospital, Cleveland, Ohio, and head nurse of the medical wards and emergency department, Roosevelt Hospital, New York City. Miss Goodhue took up her duties in the S. R. Smith Infirmary on March 15, 1907.

MARRIAGES.

In December, 1906, Miss Martha Garland Whitehead, St. Luke's Hospital, Richmond, Virginia, to Dr. Stuart Michaux. Dr. and Mrs. Michaux will make their home in Richmond, Virginia.

On Wednesday, April 3d, at the Second Presbyterian Church, Richmond, Virginia, by Rev. Russell Cecil, Elsie Boyd, Class of 1902 Old Dominion Hospital Alumnae to Dr. Benerly Randolph Tucker, of Richmond. Dr. and Mrs. Tucker sailed for Europe on Saturday, April 6th, as Dr. Tucker is to pursue his medical studies in Vienna for the next six months.

OBITUARY.

MISS LILLIAN JEMMOTTE, a graduate of Bushwick Hospital Training-school for Nurses, Brooklyn, N. Y., class of 1903, died at the hospital, November 12th, 1906, after a short illness. Miss Jemmotte was the secretary of her alumnae association.

THE Holyoke City Hospital Alumnae Association announces the death of Miss Helen H. Sutton. Miss Sutton was president of the Alumnae Association and its members feel that they owe to her more gratitude and inspiration than can ever be expressed.

ESSIE BROWN, class of 1903, of the University of Michigan Training-school, died March 28th, at twenty-six years of age. Miss Brown did private nursing in Ypsilanti, Michigan, after her graduation. She will be missed by the Nurses Alumnae Association of Ann Arbor.

DIED, on March 13, 1907, in Portland, Maine, suddenly, Miss Margaret J. Graham, a graduate of the Maine General Training-school and a charter member of the Alumnae. She was a faithful friend and conscientious nurse who will live in loving memory in the hearts of those who knew her.

MARGUERITE AGNES FITZGERALD, a graduate of the Colorado Training-school for Nurses, died on April 6th, of cerebro-spinal meningitis, after a few hours' illness. The alumnae association of the school, on April 9th, framed a memorial to be placed on its records, a copy of which was sent to her family.

DIED, at Cobourg, Ontario, March 17th, Miss Elizabeth Cowling. Miss Cowling was a graduate of the Brooklyn Hospital Training-school, of the class of 1895. She was treasurer of the alumnae association for a number of years, was active in all the lines of progressive work with which the association was affiliated, and was also a devoted worker at St. Phoebe's Mission. The alumnae association has placed a memorial on its records, a copy of which has been sent to her family.

READERS of the JOURNAL who noticed in the April number news of the death of Miss Mary E. Smith, of Detroit, will be interested in the fuller account of her work which has reached us. Miss Smith was a charter member of the Associated Alumnae, also one of the directors. She was president of the Far-land Training-school Alumnae for several years and secretary for a number of years. She presided at two preliminary meetings when the Wayne County Nurses Association was formed. She was chairman of the ways and means committee of the Michigan State Nurses Association which drafted the bill for registration. She originated the plan to raise an endowment fund in Michigan for the Chair in Hospital Economics. About two years ago she gave up nursing and went home to live. She became interested in church and Young Women's Christian Association work in Hamilton, Ontario. Last year she was elected president of the Young Women's Christian Association and had a Bible class among the nurses of the City Hospital. She returned to Detroit to nurse a former patient, contracted pneumonia, and died within a week after entering the hospital.

TRAINING-SCHOOL NOTES



THE graduating exercises of the Ensworth Deaconess Hospital, St. Joseph, Missouri, Training-school for Nurses, for the year 1907, were held in the Young Men's Christian Association Auditorium on the evening of March 11. The address of the evening was delivered by Rev. Matthew S. Hughes, D.D., of Kansas City, Missouri. His subject was "The Progress of Womanhood."

Dr. W. R. Dobyns, of the First Presbyterian Church, presented the following nurses with diplomas: Miss Olive Frances Seelinger, Miss Lida Cozine Speelman, Miss Bertha Stephens Cowles, Miss Mable Salene VanVliet, Miss Mary Nickels, Miss Jessie May Fairchild, Miss Alice Isabelle Gray and Miss Christine Johnson.

The graduating exercises of the Colorado Training-school for Nurses, Denver, Colorado, were held at the City and County Hospital on April 3, 1907, when the following nurses were given their diplomas: Emily R. Lee, Marguerite G. Banks, Bertha Dick, Bertha Bruce, Sara C. Young, Mary C. Washburn, Milla S. Rod, M. Edith Green, Anna E. Hanson, Adelaide M. Snell, Marie M. Balding, Ethel C. Agrelius, Kathreyn C. Luster, M. Edith Spoor, Jessie C. Kauffman, Mayme L. Blood and Bertha A. Reid. This class is the second in the history of the school to have papers prepared and read by its members: "The History of the Hospital," by A. M. Snell; "The Class History," by M. G. Banks, and "The Class Prophecy," by J. C. Kauffman. The diplomas were presented by Mr. S. D. C. Hayes, chairman of the hospital committee of the board of county commissioners. The musical program included singing by Mrs. Cooper, and the evening was finished with dancing and refreshments.



IN order that sick children of Providence may have the benefit of fresh air and sunshine during the summer months, Mrs. Anne Crawford Allen Brown, widow of the late John Carter Brown, has given to the Rhode Island Hospital her country residence at Quidnessett.

The property consists of a fine brick mansion and about 100 acres of land. The value of the gift is estimated at \$40,000.

SHIP'S NURSES.—One of the great transatlantic steamship lines has added trained nurses to the medical personnel of its vessels. This opens a sea career for the trained nurse. Undoubtedly other lines will do the same, and the nurse will become as indispensable an adjunct to the first-class vessels as the ship's doctor is.

PRACTICAL SUGGESTIONS



WHEN an ointment which would stain, such as ichthyol, is applied to the skin, it can be kept from doing so by covering the ointment first with brown tissue paper (toilet paper will do), and then with cotton. The ointment will not stain or spread and it will keep moist.

J. T.

A NURSE on a country case had to give nasal feedings and had no funnel to use. She improvised an apparatus from a catheter, a straight glass tube, and a new atomizer, which happened to be at hand. She gave the nourishment very slowly and had good results.

J. T.

A STRIP of flannel, one yard long, and three inches wide, makes a warm and comfortable rim for a child's chamber. There should be a hem at top and bottom through which wash ribbons or tapes are run.

One of these ribbons is to be tied around the chamber under the rim. The other gathers the flannel together inside the rim. This makes an inner seat to the chamber, firm enough to support the child, and is especially good for a baby that is being taught the use of such an article.

ONE of our readers sends this suggestion: "I was quarantined up stairs in a house recently where there were practically only deaf mutes. and had to quickly call to mind the method of talking, learned in school, by means of the fingers of both hands. This was slow work, as they used the speedy modern, one-hand alphabet. My patient taught me in a few days how to make myself understood by that method.

"When having some time off a case, it would be a good idea to get a printed alphabet and learn it, as the knowledge may some time prove valuable."

N. E. B.

BOOK REVIEWS

TEXT-BOOK OF ANATOMY FOR NURSES. By Elizabeth R. Bundy, M.D., Member of the Medical Staff of the Woman's Hospital of Philadelphia; Gynecologist New Jersey Training-school Vineland; late Adjunct Professor of Anatomy, and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; formerly Superintendent of Connecticut Training-school for Nurses, New Haven, etc. With a Glossary and 191 Illustrations, 34 of which are Printed in Colors. Price, \$1.75, net. Philadelphia: P. Blakiston's Son & Co.

This book, coming after the excellent works on the same subject by Kimber and Lewis, will prove to be a disappointment to students who expect to be carried farther afield in the study of anatomy.

While it is charmingly written and one feels constantly assured of the authority of the writer, the style is so simple as to be foolish when addressed to women who have, it is presumed, been taught the structure of the human body some years before graduating from public school. To any student who has studied Chapter XII, on Respiration, in Kimber's Anatomy, the following extract must read like kindergarten instruction: "What happens to the air in the lungs? The air which we breathe contains oxygen, nitrogen, and water. The *oxygen* is needed by the body. It passes through the thin walls of the air cells and the delicate blood-vessels around them into the blood. At the same time carbon dioxid gas and some other matters pass from the blood into the *air-cells*; therefore there is a difference between *inspired* air and *expired* air. *Inspired* air contains, or should contain, much oxygen and little or no carbon dioxid; *expired* air contains less oxygen and much carbon dioxid, and it is also laden with vapor and particles of animal or organic matter, which may give it an offensive odor. Oxygen is food; carbon dioxid and the organic matters are poisonous wastes. What happens to the blood in the lungs? It comes to the lungs laden with certain waste elements and is called *impure*; it goes from the lungs relieved of this waste, and carrying oxygen instead; it is therefore called *pure*. It has been purified or aerated." (This last sentence in heavy black letter.)

Is there any woman so ignorant of the functions of the body as to need this simplicity of instruction? A child under ten years would doubtless need it, but hardly anyone of more advanced age. Side by

side with this much diluted matter, we find the tables of nerves, of arteries, and of veins which could not possibly be comprehended by anyone whose knowledge of anatomy had been imparted from the earlier portions of the book. It is distinctly mortifying to be asked to accept a book like this, implying a lack of education and even a lack of capacity for education, and this not to nurses alone but to all women of average intelligence. This is an age that rather prides itself on the practical and elective qualities of the education which girls and young women receive. The young people of this generation while they need not, as in former times, be taught piano at any cost, or the painting of bad pictures, or the making of wax flowers and antimacassers, at least know their geography better than did Columbus, and their circulation better than the greatest scientists who preceded Harvey. We seem to have struck a wave of retrograde influence that threatens to carry us a long way back again on the road which has been travelled with so much difficulty. It behooves us to stand firm and resist this sinister movement whether it manifests itself in the shorter course of training in our schools, the lowering of our scale of prices, or the adoption of books expurgated to puerility as in the present instance.

Doctor Bundy might revise the book, donating her charming little talk of the human anatomy to the grammar school, and giving to the nurses, for whom she professes sincere regard, the plates and the tables which are both an advance on what we have.

PLASTER OF PARIS AND HOW TO USE IT. By Martin W. Ware, M.D., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor in Surgery, New York Post-graduate Medical School. Twelve mo.; 72 Illustrations, about 100 pages. Cloth, \$1.00. Surgery Publishing Company, 92 William Street, New York.

The Surgery Publishing Company of New York has already given to the public a succession of bright, lively, and practical books which are particularly helpful and useful to nurses, although they are not addressed to the nursing profession. The latest to come to our notice, "Plaster of Paris and How to Use It," adds another to the list. There is always to be noted in these publications an air of novelty, an elimination of the practices which have fallen into disuse, and a fresh and modern way of approaching a subject, as though one were actually in a present day clinic. The first chapter deals with the plaster of Paris bandage, the quality of the plaster, the storage of plaster and bandages,

the material for making bandages, manner of making and rolling the same, the immediate preparation of the bandages for use, the application, the best means for removal of a splint, the removal of waste plaster from the hands and toilet of the operators, and the disposal of refuse.

The application of the plaster of Paris bandage to individual fractures follows, with valuable notes on the complications to be guarded against, as the swelling of extremities, excessive inflammation, stopping of the circulation, paralysis, etc. The posturing of the patient is vividly described and amply illustrated, often from original sketches and photographs; indeed the illustrations form an important part of the book. A short chapter at the end of the book is devoted to the use of plaster in dental surgery.

The subject, however well known to those still in hospital or dispensary, has been rather overlooked in literature, and we feel confident that Doctor Ware's book will be hailed with enthusiastic welcome by nurses all over the country, independent of the demand it is sure to create among surgeons and general practitioners.

The subject matter is always handled in the briefest and most business-like style, not a word wanting, and not a tedious line, the whole forming a book which is calculated to hold the attention of anyone who is so fortunate as to come across it, whether a professional or layman. Moreover, it has a most attractive appearance in its artistic cover of rough red cloth with gold lettering.



"THERE is always this to remember in time of trouble: It is never as dark outside as it looks to be when stepping from the door."

A MAN from the country went to a noted sanitarium which makes a specialty of baths and queer pre-digested foods, and when he got back said: "They washed me internally, externally and eternally; I didn't object so much to living on baled hay, but I drew the line at eating excelsior mattresses."

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING FEBRUARY 12, 1907

BECHTLE, CARRIE, formerly on duty at the General Hospital, Presidio of San Francisco, California, discharged.

BELLIANA, BERTHA, under orders for transfer from the General Hospital Ft. Bayard, New Mexico, to the General Hospital, Presidio of San Francisco, to await the sailing of the transport on May 8th to the Philippines Division, where she will be assigned to duty.

DENAHY, MARIE, transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Sherman April 5th.

DODDS, FRANCES BASTYAN, graduate of the South Side Hospital, Pittsburg, Pa., class of 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco to take effect April 15th.

DUNCAN, ADELAIDE, transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Sherman April 5th.

EDWARDS, ELIZABETH F., under orders for transfer from the General Hospital, Presidio of San Francisco, to General Hospital, Ft. Bayard, New Mexico.

FARISH, WINNIE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HAENTSCHKE, AMALIE IDA, transferred from General Hospital, Presidio of San Francisco, to General Hospital, Ft. Bayard, New Mexico.

HAMMETT, ANNIE M., recently on duty at the General Hospital, Presidio of San Francisco, discharged.

HEPBURN, SARAH M., under orders for transfer from the Division Hospital Manila, to Zamboanga, Mindanao, P. I.

JAMES, AGNES F., under orders for transfer from Camp Keithley to the Division Hospital, Manila, P. I.

KALLAWAY, OLIVE VINTON, graduate of the South Side Hospital, Pittsburg, Pa., 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, to take effect April 15th.

LANGSTAFF, LOUISE E., under orders for transfer from the Division Hospital, Manila, P. I., to the United States for duty.

LARON, ELEANOR, under orders for transfer from Camp Keithley to the Division Hospital, Manila, P. I.

PLUMMER, SAMANTHA C., appointed Chief Nurse at Camp Keithley, Mindanao, P. I.

POSTLEWAIT, CLARA L., under orders for transfer from Division Hospital, Manila, P. I., to Zamboanga, P. I.

PURCELL BERTHA, transferred from the Philippines Division to duty in the United States, reported at General Hospital, Presidio of San Francisco, March 17.

ROTHFUSS, EMMA, under orders for transfer from Division Hospital, Manila, P. I., to Zamboanga, Mindanao P. I.

SHEA, ANNIE M., transferred from the Philippines Division to duty in the United States; reported at the General Hospital, Presidio of San Francisco, March 17.

SMITH, CATHERINE, transferred from Zamboanga to Camp Keithley, P. I., for duty.

UNDERWOOD, ELEANOR, transferred from General Hospital, Ft. Bayard, to the General Hospital, Presidio of San Francisco.

WILLS, HARRIET ELSIE, under orders for transfer from the General Hospital, Presidio of San Francisco, to the Philippine Division for duty; to sail on the transport of May 6th.

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